

TENDER FORM FOR TRAINEE ASSOCIATE CONSULTANTS

Category Applied for:	Lot:				
District:					
Applicant Full Name:					
Applicant Contact Number(s):					
Applicant email(s):					
Applicant's Location: (Indicate: TA/EPA & District)					
Indicate post-secondary education:					
List your higher educational achievements					
Education Acquired	Institution	Year completed			
Work experience:					
List your work experience, position held and the period you served:					
Employer	Position and Responsibility	Period			

Expertise					
Lot/ Area of Expertise	Specific Skills (Tick)	Lot/ Area of	Specific Skills (Tick)		
(Tick)		Expertise (Tick)			
[] Agro-processing	[] Food Safety [] Voluntary and Private Standards [] HACCP [] Best Manufacturing Practices	[] Marketing & Communication	[] Product Packaging, Labelling & Branding [] Product Development [] Marketing plan [] Market Assessment [] Sales & Marketing		
[] Agriculture and technology	[] Climate Smart Agriculture [] Global GAP [] Irrigation [] Post harvest Management [] Organic farming [] Farm Mechanization	[] Legal	[] Contracting [] Business formation and registration. [] Patenting [] Good Labour Practices [] Fair/Ethical Trade [] Litigation/Claims handling		
[] Enterprise Development	[] Planning/Business Plan [] Business Scenario planning. [] Commercial and operational risk mgt. [] Value Chain adaptation [] Human Resources Management [] Good Governance	[] ICT/ Information Management	[] Electronic records [] HR & Accounting systems [] MIS [] Decision Support systems [] Database management systems [] Software development		
[] Financial Management	[] Financial statements [] Tax Computation [] Financial modeling [] Auditing [] Financial systems [] Company Valuation	[] Retail Management	[] Store management [] Merchandizing [] Inventory management [] Customer Service [] Sales management		
[] Access to Finance	[] Financial Literacy [] Investment proposals [] Capital Sourcing [] Decision Support on Investments	[] Logistics	[] Transport [] Export documentation [] Inventory management [] Warehouse Management [] Fumigation certification		
Applicant's Affiliation:					
List the organisations/compa	anies you are affiliated with pro	viding the consultin	g services:		
Company affiliated	Services provide		Frequency in a year		

List the reasons, you want to work with Tradeline in the engagement?				
1.				
2.				
3.				
4.				
5.				
Tick the clients that you prefer most to provide your services.				
[] Individual Rural Farmers [] Rural Farmers in Groups [] Urban Individual MSME				
[] Rural Individual MSME [] Rural Youth MSME [] Urban Youth MSME				
[] Rural Women MSME [] Urban Women MSME [] Other (specify)				
Tother (specify)				
List the reasons for the selection from above.				
1.				
2.				
3.				
4.				
5.				
Tick the services that you prefer mostly.				
[] Development of tools [] Training [] Development of procedure Manuals [] Coaching/Guidance [] Information sharing [] Technical Assistance [] Linkages Facilitations [] Other (Specify)				
Jimornation sharing [] Technical Assistance [] Linkages Facilitations [] Outer (Specify)				

Reference Information Enter the following information for clients you serviced with in the last three (3) years:	
First reference Client Name:	
Contact Person:	
Telephone:email:	
Assignment type:	
Your role in the assignment:	
Contract Value (MWK):Date Completed:	
Second reference Client Name:	
Contact Person:	
Telephone:email:	
Assignment type: Your role in the assignment:	
Contract Value (MWK):Date Completed:	
Third reference Client Name:	
Contact Person:	
Telephone:email:	
Assignment type:	
Your role in the assignment:	
Contract Value (MWK):Date Completed:	
Declaration By signing below, I declare that the information provided in this document and attachments are true and complete. I am avis on this basis of the information that I have provided that Tradeline will make its decision whether or not to shortlist me. Tradeline to make verification of the information provided where need arises. I acknowledge that this form does not constitute or acceptance of consultancy assignment in terms of any legislation relating to the provision of the services.	I authorize
Signature of Applicant: Date:	
Print Name:	
Payment Details Date of payment: Reference: Depositor:	