

## **FARMERS VOICE AFRICA**

(FAVOA)

## **Vacancy Application Form**

## Volunteership/attachment/internship/Job

Once taken, be ready to serve a crucial role in transforming the agricultural sector and the youths. Therefore, it is very expedient for you to commit yourself to the workmanship of transformation and assert yourself as the benchmark of FAVOA.

**Take note**: Volunteership is unlike the three, as it not fulltime, hence those working are equally encouraged to join us as long as they can manage to be freeing themselves to perform duties and responsibilities for FAVOA when needs arise.

You can complete the form either electronically or in handwriting. If you fill it electronically, use the 'tab' key to move from one answer field to the next. Answer fields will expand to accommodate your answers. Please, return the completed form to the following postal address:

Attention: Human Resource Manager, Farmers Voice Africa, and P.O. Box 2374, Lilongwe, and email to: recruitment@farmersvoiceafrica.org copy to ruthimbrahim@farmersvoiceafrica.org

Or

| You can also drop the application by hand @ FAVOA Secretariat: Area 8, Near Mchesi Market, along Biwi road, Plot no: 08/31. |  |  |  |  |
|---|--|--|--|--|
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Applicant Ref. No:\_\_\_\_\_ FAVOA Use Only

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| PERSONAL DETAILS                            |                  |                         |   |
|---|------------------|-------------------------|---|
| SURNAME:                                    |                  |                         |   |
| First Names:                                |                  |                         |   |
| Other names:                                |                  |                         |   |
| Date of Birth (dd/mm/yy)                    | ):               |                         |   |
| Physical Address; Villag                    | ge:              | T/A:                    | District:                               |
| Postal Address;                             |                  |                         |   |
| Phone number (s)                            |                  |                         |   |
| E-mail Address:                             |                  |                         |   |
|   |                  |                         |   |
|   |                  |                         |   |
| Application Details                         |                  |                         |   |
| Position applied for:                       |                  |                         |   |
|   |                  |                         |   |
| Date of application (dd/n                   | <i>ım/yy):</i>   |                         |   |
|   |                  |                         |   |
| How did you first learn a                   | bout this vacanc | y? Please name the sp   | pecific website or source.              |
|   |                  |                         |   |
| When would you anticipe                     | te being able to | start work (dd/mm/yy    | )?                                      |
|   |                  |                         |   |
|   |                  |                         |   |
| EMPLOYMENT HISTO  Starting with your most r |                  | e. please provide deta  | ils of any full or part time employment |
| (including self-employme                    |                  | e, preuse provide deidi |   |
| Dates (From-To):                            |                  |                         |   |
| Employer & Location:                        |                  |                         |   |
| Position:                                   |                  |                         |   |
| Key Responsibilities:                       |                  |                         |   |
| Key Achievements:                           |                  |                         |   |

Applicant Ref. No:\_\_\_\_\_

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| Current Salary & Benefits:  Dates (From—To): Employer & Location: Position: Key Responsibilities: Key Achievements: Reason for Leaving:  Dates (From—To): Employer & Location: Position: Key Responsibilities: Key Achievements: Reason for Leaving: Dates (From—To): Employer & Location: Position: Key Achievements: Reason for Leaving: Dates (From—To): Employer & Location: Position: Key Responsibilities: Key Achievements: Reason for Leaving:  PLEASE CONTINUE ON EXTRA SHEETS IF NECESSARY   VOLUNTARY WORK  Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.  Dates (From—To): Employer & Location: Position: | Reason for Leaving:       |                              |
|--|---------------------------|------------------------------|
| Employer & Location: Position: Key Responsibilities: Key Achievements: Reason for Leaving:  Dates (From To): Employer & Location: Position: Key Responsibilities: Key Achievements: Reason for Leaving: Dates (From To): Employer & Location: Position: Key Responsibilities: Key Achievements: Reason for Leaving: Position: Key Responsibilities: Key Achievements: Reason for Leaving: PLEASE CONTINUE ON EXTRA SHEETS IF NECESSARY  VOLUNTARY WORK Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.  Dates (From To): Employer & Location:   |                           |                              |
| Position:  Key Responsibilities:  Key Achievements:  Reason for Leaving:  Dates (From-To):  Employer & Location:  Position:  Key Responsibilities:  Key Achievements:  Reason for Leaving:  Dates (From-To):  Employer & Location:  Position:  Key Responsibilities:  Key Achievements:  Reason for Leaving:  PLEASE CONTINUE ON EXTRA SHEETS IF NECESSARY   VOLUNTARY WORK  Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.  Dates (From-To):  Employer & Location:  | Dates (From-To):          |                              |
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| VOLUNTARY WORK  Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.  Dates (From–To): Employer & Location:  | Reason for Leaving:       |                              |
| Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.  Dates (From–To): Employer & Location:  | PLEASE CONTINUE C         | ON EXTRA SHEETS IF NECESSARY |
| Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.  Dates (From–To):  Employer & Location:   |                           |                              |
| Starting with the most recent, please provide details of any voluntary work or training placements you think are relevant to this application.  Dates (From–To):  Employer & Location:   | VOLUNTARY WORK            |                              |
| Dates (From–To): Employer & Location:  | Starting with the most re |                              |
| Employer & Location:   | you think are relevant to | this application.            |
|  | Dates (From–To):          |                              |
| Position:  | Employer & Location:      |                              |
|  | Position:                 |                              |

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| Key Responsibilities:    |  |
|--------------------------|--|
| Dates (From–to):         |  |
| Employer & Location:     |  |
| Position:                |  |
| Key Responsibilities:    |  |
| PLEASE CONTINUE O        | N EXTRA SHEETS IF NECESSARY  |
|                          |  |
| QUALIFICATIONS & T       | RAINING  |
|                          | cent, please provide details of any education and/or training (including ave completed or are currently undertaking. |
| Dates (From – To):       |  |
| Educational Institution: |  |
| Results/Qualification:   |  |
| Dates (From – To):       |  |
| Educational Institution: |  |
| Results/Qualification:   |  |
| Dates (From – To):       |  |
| Educational Institution: |  |
| Results/Qualification:   |  |
| Dates (From – To):       |  |
| Educational Institution: |  |
| Results/Qualification:   |  |
| Dates (From – To):       |  |
| Educational Institution: |  |
| Results/Qualification:   |  |
| DI EASE CONTINUE O       | N EXTRA SHEETS IE NECESSARV  |

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| PROFESSIONAL BODIES                               |              |             |                      |               |             |                  |
|---|--------------|-------------|----------------------|---------------|-------------|------------------|
| PLEASE LIST MEMB                                  | BERSHIP C    | F ANY PR    | OFESSION             | NAL BODII     | ES          |                  |
| PLEASE LIST MEMBERSHIP OF ANY PROFESSIONAL BODIES |              |             |                      |               |             |                  |
| Languages (Written &                              | Spoken)- (   | Tick where  | e applicable         | )             |             |                  |
| MOTHER TONGUE                                     |              |             |                      |               |             |                  |
| OTHER<br>LANGUAGE(S)                              | Basic Kı     | nowledge    | Working<br>Knowledge |               | Fluent      |                  |
| Please list                                       | Written      | Spoken      | Written              | Spoken        | Written     | Spoken           |
| 1.  |              |             |                      |               |             |                  |
| 2.  |              |             |                      |               |             |                  |
| 3.  |              |             |                      |               |             |                  |
| 4.  |              |             |                      |               |             |                  |
| 5.  |              |             |                      |               |             |                  |
|   |              |             |                      |               |             |                  |
|   |              |             |                      |               |             |                  |
| ADDITIONAL INFOR                                  |              | to give you | r reasons fo         | or annlying   | to work wit | h FAVOA and for  |
| applying to this partici                          | ular positio | n. Bearin   | g in mind th         | ne post desc  | ription and | person           |
| specification, please in                          | dicate wha   | t experienc | e, skills and        | l interest yo | u would bri | ing to the post. |
|   |              |             |                      |               |             |                  |
|   |              |             |                      |               |             |                  |
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|   |              |             |                      |               |             |                  |

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| REFERENCES  |   |
|---|---|
| Please give the names and contact details of t employer. We will not contact them without y | wo referees, one of whom should be your present your prior consent. |
| Referee 1:  | Referee 2:  |
| Name:   | Name:   |
| Job Title:  | Job Title:  |
| Capacity in which they know you:  | Capacity in which they know you:                                    |
| Address:  | Address:  |
| Telephone Number:   | Telephone Number:   |
| Email Address:  | Email Address:  |
| Referee 3:  |   |
| Name:   |   |
| Job Title:  |   |

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| Applicant Ref. No:  |                 | FAVOA Use Only  |
|---|-----------------|---|
|   |                 |   |
| Thank you for your interest application form.                       | to work wit     | h FAVOA and for taking time to fill out this  |
|   |                 | owledged. However, you will then only hear from nis form doesn't have closing date.   |
| Signature:  Pagaint of every application v                          | vill ha aalee a | avlodged However you will then only been from   |
|   |                 | Date.   |
| Name:   | -yy co.w.       | Date:   |
| I confirm that to the best of my correct and can be treated as pa   |                 | ne information provided in this document is true and ract of the volunteerism.  |
|   | ou are shortli  | tes meeting selection criteria who have a disability or<br>sted and you consider yourself to have a disability or<br>s, please let us know. |
| A conviction will not necessarily into consideration when assessing |                 | u from employment with FAVOA, but will be taken ility for this particular position.   |
| (Tick as appropriate)   |                 |   |
| Do you hold any unspent convictions?                                | Yes  No         |   |
|   |                 |   |
| Email Address:  |                 |   |
| Telephone Number:   |                 |   |
| Address:  |                 |   |
| Capacity in which they know you                                     | u:              |   |
|   |                 |   |