



Dear Applicant,

Thank you for applying for a professional Agricultural training program in Israel. In order for us to consider your application, please follow these instructions:

- **Type your answers in English**
- **Certificate of language proficiency (If the language of the program is not your mother tongue or the official language of your country).**
- **Photocopy of the relevant highest academic degree obtained translated to the language of the program.**
- **Two letters of recommendation from present employers or relevant affiliation.**

Please complete the application form and send it and all attached documents to:
sigalp@moag.gov.il

1. General

Name of the training program _____

Dates: _____ Language of the course _____

**Passport
Photo**

Financial arrangements:

Flight & Tuition will be covered by _____

2. Personal Data

Surname _____ Given Names _____

Country _____ Citizenship _____

Passport No. _____

Date of Birth _____ Gender: Male / Female

Home address _____

Telephone (country code _____) (area code _____) Number _____

Cell phone (country code _____) (area code _____) Number _____

E-mail _____

3. Education

| | Institute | Location | Year | Field of Expertise | Degree |
|-------------------------|-----------|----------|------|--------------------|--------|
| Higher Education | | | | | |
| Academic Degrees: First | | | | | |
| Second | | | | | |
| Third | | | | | |

4. Other studies / courses / seminars relevant to the program (Last 10 years)

| Subject of course | Country | Organized by | Duration of studies | Year |
|-------------------|---------|--------------|---------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. Previous Studies in Israel

| Subject of course | Year | Training Institute |
|-------------------|------|--------------------|
| | | |
| | | |

6. Computer Proficiency

No _____ Yes _____

If yes, please specify (Word, Excel, etc.) _____

7. Knowledge of languages

Mother Tongue _____

| Language of the program | Reading | | | Speaking | | | Writing | | |
|-------------------------|---------|------|---------|----------|------|---------|---------|------|---------|
| | Fair | Good | V. Good | Fair | Good | V. Good | Fair | Good | V. Good |
| | | | | | | | | | |

8. Employment

Full Name of Institution _____

Type of Institution: Government / NGO / Private / Other _____

Address _____

Telephone _____ e-mail _____

Present Position and description of your responsibilities _____

9. Former places of Employment

| Name of Institution | Dates From-To | Position held |
|---------------------|---------------|---------------|
| | | |
| | | |
| | | |

Please write a short paragraph describing your expectations from the training program including the direct contribution of the program to your field of work, as well as future plans after completion of the program.

Please write a very short autobiography
