

		Farmers	Fraining Registration	on Form	(SMC16:005)	
	Date of registration:	/ _				
1.	Name					
2.	Gender	🗆 Male 🛛	Female	I.D No.		
3.	Name of the farm and County/Region			Age:	□18-28 □29-3	39 □ 40-50 □above 50
4.	Phone No.:				I	
5.	Email Address:					
6.	Level of Education	(Please tick as appropriate) □Primary □Secondary □ College □ University □ Other (Specify):				
7.	What size of land do you farm on?					
8.	How many dairy cows do you keep?			On average, how many litres do your cows produce per day?		
9.	How long have you been practising dairy farming?			What other type of farming do you practice?		
10.	Who makes major farm decisions /Overall management	 Father Mother Son/daughter Hired Manager 			Farm Hand , Describe	
11.	Do you have a farm Manager?	□ Yes □ No		If no, wo to have manage		YesNo
12.	If yes, what would you like to benefit by having a farm manager?				I	
13.	Have you attended any farm/entrepreneurship training?	□ Yes □ No	If yes, mention date, course and organization			
14.	Would you like training and mentorship in agriculture?	□ Yes □ No	Which other farming would you like to learn apart from dairy?			
15.	<u> </u>	□ Yes □ No	If yes, describe ther	n all:		
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	application received				Participant Code	
	e of EPTF Staff ature of staff					
•	e of the School					
	inistrator/manager/Director					