



TSWELOPELE

LOCAL MUNICIPALITY
A MUNICIPALITY IN PROGRESS

1. PROPERTY INFORMATION			
LOCAL MUNICIPALITY			
HECTARES			
2. APPLICANT DEMOGRAPHIC PROFILE			
Full Name	<input type="checkbox"/> M <input type="checkbox"/> F	ID Number	
Surname			Date of Birth
Marital status	<input type="checkbox"/> Single/never married <input type="checkbox"/> Cohabitation (living together) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Types of Applicants	<input type="checkbox"/> Youth <input type="checkbox"/> Women <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Communal/Commonage Farmer <input type="checkbox"/> Unemployed Agricultural Graduate		
Category of Applicants	<input type="checkbox"/> Household producer (Subsistence and Vulnerable) <input type="checkbox"/> Smallholder Farmer <input type="checkbox"/> Medium Scale Commercial Farmer		
Race Group of Applicant	<input type="checkbox"/> African <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White		
Applicant cell no		Spouse Full Name	
Alternative cell/telephone no		Spouse ID	
Residential Address:		Spouse Employer	
Postal Address:		Spouse Tel/cell no	
Nearest Town		Residential Address:	
Applicant Email Address:		Spouse Email Address:	



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How long have you been living at this place		<input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 2-4yrs <input type="checkbox"/> 5-9yrs <input type="checkbox"/> 10+yrs	
3. EMPLOYMENT AND EDUCATION DETAILS			
Occupation :	<input type="checkbox"/> Student <input type="checkbox"/> Pensioner <input type="checkbox"/> Farmer <input type="checkbox"/> Farm worker <input type="checkbox"/> Employed in the prive sector <input type="checkbox"/> Unemplyed <input type="checkbox"/> Intership <input type="checkbox"/> Other		
Name of Employer			
Type of Employment	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship <input type="checkbox"/> Other		
Business activities(self-employed)			
Source of income			
Highest level of education completed			
Have you received any training related to farming (formal or informal)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training of Applicant Related to Farming/Agriculture			
Year	Name of Training	Institution(Formal/informal)	
Training of Applicant related to Management(Financial, Marketing and etc)			
Year	Name of Training	Institution(Formal/informal)	
4.LEGAL ENTITY INFOMATION			
Are you appying as an entity		<input type="checkbox"/> Yes	<input type="checkbox"/> No



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		M	F
Number of member of the entity			
Number of Persons with disabilities(PwD's)			
18-35 yrs			
36-65 yrs			
65 yrs.and above			
Total			
Type of Legal Entity	<input type="checkbox"/> Communal Property Associatuon <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Close Cooperation <input type="checkbox"/> Cooperative <input type="checkbox"/> Other		
Years of Group entity existence	<input type="checkbox"/> 0-1 yr <input type="checkbox"/> 2-4yrs <input type="checkbox"/> 5-9yrs <input type="checkbox"/> 10+yrs		
Legal Entity Registration Number			
Name Surname of Contact Person			
Postal Adress of Entity			
Postal Adress of Entity			
Telephone:	Cell:	Email:	
5.AGRICULTURAL ACTIVITY			
Are you currently involved in farming?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay rent where you farm		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Land ownership where you currently Farm	<input type="checkbox"/> Rented <input type="checkbox"/> Private/Family Farm <input type="checkbox"/> Commonage farm <input type="checkbox"/> Farm-Dweller <input type="checkbox"/> Labour Tenant <input type="checkbox"/> Communal Land <input type="checkbox"/> Other(specity)		
How many years have you been Farm	<input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> 5-9 yrs <input type="checkbox"/> 10+yrs		



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Type of farming Experience		
Which association/organizatuin do you belong to?	<input type="checkbox"/> Farmers Association <input type="checkbox"/> Cooperatives <input type="checkbox"/> Producers Association <input type="checkbox"/> Community Garden Group <input type="checkbox"/> Special interest Group <input type="checkbox"/> Other(Specity)	
No of people to be employed by project?		
No of employees	Type of employment	
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporal <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship <input type="checkbox"/> Contract <input type="checkbox"/> Other	
Type of farming enterprise <input type="checkbox"/> Crops		
Specity Type of Crops	Hectares under production	Purpose for Production
		<input type="checkbox"/> Household Consumptio <input type="checkbox"/> Sales
		<input type="checkbox"/> Household Consumptio <input type="checkbox"/> Sales
		<input type="checkbox"/> Household Consumptio <input type="checkbox"/> Sales
		<input type="checkbox"/> Household Consumptio <input type="checkbox"/> Sales
		<input type="checkbox"/> Household Consumptio <input type="checkbox"/> Sales
What are you intending to use the land for?		
Agricultural Enterprise	Type	
Crop Production	<input type="checkbox"/> Grains <input type="checkbox"/> Vegetable <input type="checkbox"/> Sugar cane	