



Belize Honey Production Re-Development Support Project



Support to Small Disadvantaged Farmers
Funded by the CARICOM Development Fund (CDF)
Implemented by the Ministry of Agriculture, Food Security and Enterprise

APPLICATION/NOMINATION FORM

Form Number: _____

Instructions: If you have an interest in Apiculture and would like to apply for training, kindly fill out the application form below and submit with the required attachments and send to Project Coordinator (CDF Beekeeping Project), Ministry of Agriculture, Food Security and Enterprise Show Grounds Belmopan or at a District Agriculture Office nearest to your location.

Applicant Information:

Last Name:	First Name:	Middle Initial:
Birth Date (M/D/Yr)	BAIMS ID #	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Age:	SOCIAL SECURITY ID#	
District:	Village/Town:	
Phone	Email Address	

Please indicate your main source of income.

- Arts and crafts
- Protected agriculture (aquaponics; shade house ;)
- Agriculture (. i.e. Owner operated crop, livestock, apiculture, and fishery or forestry enterprise)
- Production services (e.g. harvesting, pesticide application, land preparation, tree care)
- Market services (packaging services, transport, labelling, distribution, brokerage and sales)
- Cuisine and Agro processing
- Information and Internet related services (graphic art, records and information management)
- Agro tourism or Ecotourism related services (e.g. Tour guiding, cultural heritage events etc.
- Input supply services
- Environmental services and sales (including recycling, composting, green retaining walls etc)
- Unemployed

Other _____

Why are you interested in Beekeeping?

How many years have you been in this business?

Are you allergic to bee sting? Yes No Unaware

Have you had any previous training in Beekeeping? If so specify.

Do you have the ability to invest in your own equipment and materials for beekeeping operations? (Personal or other sources) Yes No If “Yes” please specify.

What is your current income? Please tick one.

Less than BZ\$1000, BZ\$1000 – BZ\$ 2,000 per month ___ Above \$2000

Project Information

In the space below please answer ten questions. .

1. OPPORTUNITY

How do you see yourself as a beekeeper in the next three years?

2. CUSTOMERS

How do you intend to market your product?

3. UNIQUE VALUE

What will make your product or service unique or different from those of other beekeeper?

4. ENTREPRENEURSHIP

How can your Beekeeping business become successful?

5. REVENUE:

How can you know if your Beekeeping business is a viable operation?

6. COSTS:

Have you received training in Record Keeping? Yes No (If yes, please specify).

7. LOCATION

Do you own a piece of forested land where you can practice beekeeping? If not, can you provide an agreement with any third party granting full time access for your beekeeping operations? Is said land located near any settlement or farm?

8. TIME

How many days do you have available during the month to practice beekeeping?

9. SUCCESS:

What do you expect at the end of the training?

10 MENTORING

Are you willing to intern with a mentor/experienced person located near to you at your expense?
Please list any limitations or conditions

Applicant Signature _____ **Date** _____

For official use only:

Recommended: Yes No

Comments:

Beekeeping Extension Officer:

Date:

Approved. **Declined.**

Signature: _____

Date:

Project Coordinator