



## URBAN AGRICULTURE PROJECT Application for Allotment

*Please complete this application form and submit it to:*  
The Swakopmund Municipality, Health Services Department  
Email: [rujaha@swkmun.com.na](mailto:rujaha@swkmun.com.na)  
Queries: Mr Robeam Ujaha – 081 143 8767

If any of the questions in this application are not completed  
your application will not be considered.

### PERSONAL INFORMATION

Full name	
Surname	
ID Number	
Gender	
Age	
Preferred language	
Other languages spoken	
Contact number	
Email address	
Physical address	
Postal address	
Marital status	
Name of spouse (If married)	
Next of kin contact number	

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1 Are you currently employed / unemployed?

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2 What is your highest level of education?

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3 Why are you interested in having an allotment plot?

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4 What previous gardening experience do you have?

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5 Are you able to commit to regularly working on a plot (i.e. at least 1-2 hours most days)

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6 Do you have your own transport?

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7 Are you willing to learn from others and share your experiences to contribute to the success of this project? If yes, please explain how you aim to do this.

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8 What knowledge or experience do you have to contribute to other plot members?

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9 Are you willing to challenge and shape your thinking and behaviour to allow for personal growth and how?

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10 Are you willing to actively and positively engage with all activities and values of the project and how?

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11 What would you say you are great at in gardening, and why?

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12 What are you passionate about in terms of gardening?

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13 What is your greatest gardening achievement? (i.e. something you are proud of or worked hard to succeed at)

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14 What is an area of knowledge or skill pertaining to gardening that you would like to learn or develop further?

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**SIGNATURE**

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**DATE**