



**UNIVERSITY OF HEALTH AND ALLIED SCIENCES
SATELLITE AFRICAN REGIONAL TRAINING CENTRE**
supported by TDR/WHO

COURSE APPLICATION FORM

(Please type or use block letters)

Female Male

Title: Mr./Mrs./Ms./Dr./Prof.

Current position/job title:

Institutional affiliation:

Institutional mailing address:

Business telephone:

Home telephone:

E-mail address:

Country of citizenship:

City & country of birth:

Country of legal permanent residence:

Date of birth:

Country of passport:

Passport number:

(If different than country of citizenship)

Post-Secondary Education *(Begin with most recent and include relevant short-term technical or professional training.)*

<u>Dates</u>	<u>Institution attended</u>	<u>Major subject</u>	<u>Degree completed</u>

Relevant work experience *(Begin with most recent employment, and include all current jobs. Attach additional information on a separate page if necessary.)*

<u>Dates</u>	<u>Position/title</u>	<u>Employer</u>	<u>City/country</u>



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Describe your present duties and responsibilities, including research, with specific emphasis on health related projects

In which type of organization do you currently work?

1. ___ Donor organization
2. ___ Non-governmental organization
3. ___ Governmental organization
4. ___ Health Institution
5. ___ (Research organization)

How many years in total have you been working professionally?

For our records, please tell us how you heard about this workshop:

1. ___ University of Health and Allied Sciences website
2. ___ University of Ghana, School of Public Health website
3. ___ Your employer or colleagues at your workplace
4. ___ Other (please specify) _____

Date _____

Signature of applicant _____

Email: ihr@uhas.edu.gh