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.)

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<th>Dates</th>
<th>Institution attended</th>
<th>Major subject</th>
<th>Degree completed</th>
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Relevant work experience (Begin with most recent employment, and include all current jobs. Attach additional information on a separate page if necessary.)

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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