



**DESIGN, MANAGEMENT, AND EVALUATION OF COMMUNITY-BASED REPRODUCTIVE HEALTH & HIV/AIDS PROGRAMS**

**August 18-29, 2008**

**In Nairobi, Kenya**

**APPLICATION FORM DUE: July 21<sup>st</sup> 2008 (extended deadline)**

**1. Applicant Information:**

\_\_\_\_\_  
Surname Given Name(s)

\_\_\_\_\_  
Position Organization Name

\_\_\_\_\_  
Complete Date of Birth (DD/MM/YY) (Circle one) Female Male

Are you proficient in English? (Circle one) Yes No

**Contact Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Educational and Professional Information:**

Have you attended a Global Health Action-related Program/Workshop in the past? (Circle one) Yes No

If **yes**, please provide the location and date of the training: \_\_\_\_\_

**Education:** (Please describe the highest level of formal education that you have obtained.)

\_\_\_\_\_  
Dates Institution City and Country Subject Degree/Certification

Are you in a supervisory or management position? (Circle one) Yes No

Number of years in this role \_\_\_\_\_

Do you manage reproductive health activities or programs within your organization or institution?  
(Circle one)

Yes No

**3. Funding Information: (Please choose one)**

- \_\_\_\_\_ I have full funding from my government or a sponsoring agency. I will ask my sponsor to send confirmation of payment for my tuition, fees, and other course-related costs, excluding travel.  
\_\_\_\_\_ I have partial funding from my government or a sponsoring agency in the amount of US \$\_\_\_\_\_ (excluding travel).  
\_\_\_\_\_ I will continue to seek funding from government or sponsoring agency.

Sponsor's Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City and Country \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**4. Personal Statement:** In the space below, please describe the reproductive health or HIV/AIDS project you wish to implement after completing this course, as well as what you hope to accomplish through this course. You may attach additional pages if necessary. **(Please attach Curriculum Vitae along with a letter from your employer stating your current position and responsibilities at the organization where you work)**

**5. Please let us know how you heard about this course?**

Mailing \_\_\_\_\_ Website \_\_\_\_\_ Internet Surfing \_\_\_\_\_ Conference \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**I DECLARE THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE.**

Signature

Date

***All applications must be received by July 21  
Payments must be received by July 28***

**RETURN ALL APPLICATION MATERIALS TO:**

**Express Mail/Via Air:**  
Global Health Action  
1902 Clairmont Avenue  
Decatur, GA 30033 USA

**Telephone:** +1 (404) 634-5748  
**Fax Number:** +1 (404) 634-9685  
**E-mail Address:** programs@globalhealthaction.org  
**Internet Address:** www.globalhealthaction.org

