

FONTLINE FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP) COHORT 5 APPLICATION FORM

Section 1: Personal information

Surname:

Forename(s):

Telephone No.

Email address (will be tested):

Section 2: Current/most recent employment

Job Title:

Unit:

Division:

Directorate

Institution:

Employment Dates:

Duty Station (e.g. Blantyre city, Mchinji, etc.):

Section 3: Surveillance responsibilities

Please describe your role in surveillance of infectious diseases and number of years you have been working in this area

Please mark the topics or diseases that are of most interest to you:

- Integrated Disease Surveillance and Response (IDSR)
- Health Information Management Systems (HIMS)
- Laboratory surveillance
- Animal health
- HIV/AIDS

- Malaria/Vector-borne diseases
- Tuberculosis
- Food- and waterborne diseases
- Vaccine-preventable diseases/EPI
- Neglected Tropical Diseases (NTDs)
- Other (please specify):

Section 4: Motivation

Please state your motivation for applying to be in this cohort of Frontline FETP:

Please state how the topics covered in this training will assist you in your current position

Are you interested in becoming a mentor for subsequent cohorts of the FETP-Frontline Program?
YES / NO

Section 6: Availability

Are you available to participate in ALL of the following workshops:

Workshop 1: 17-24 October 2017 **YES / NO**

Workshop 2: 27 November – 1 December 2017 **YES / NO**

Workshop 3: 12-14 February 2018 **YES / NO**

Are there any times/dates between 3-6 October 2017 when you will not be available for interview?
Please specify.

Section 7: Verification

I certify that the statements made by me are true, complete and correct. I understand that any false or misleading statement, or withholding relevant information, may provide grounds for withdrawal of the training offer.

Full name _____

Signature _____

Date _____

Section 8: Supervisor endorsement

I _____, certify that I am the immediate supervisor of the applicant and I support his/her application to the FETP-Frontline course. I promise to support him/her throughout the training should his/her application be successful.

Designation _____

Office address _____

Email address _____

Telephone number(s) _____

Signature _____

Date _____