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| Description: K:\LOGOS\UNIMA COLOUR LOGO HIGH RESO.jpgTHE CONSORTIUM FOR ADVANCED RESEARCH TRAINING IN AFRICA (CARTA) AND AFRICA CENTRE OF EXCELLENCE IN PUBLIC HEALTH AND HERBAL MEDICINE (ACEPHEM) |
| Registration form for Adolescent Mental Health workshop |
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| **Please complete all sections: Write/Tick or circle as may be appropriate**  |
| **PERSONAL DETAILS** |
| Date: |
| Surname/Family Name  | Title: Prof Mr Mrs MsMiss Dr Other |
| All other Names) | Gender: Male Female Other: |
| Nationality (if dual give both) | Country of birth:  |
| Correspondence address (please write clearly if faxing)Country:  |
| Preferred Telephone: Additional Telephone: Fax: Preferred e-mail: Additional e-mail:  |
| **COURSE DATE: 21 January– 1st February 2019** |
| Course Applying For:  |
| **EDUCATION/TRAINING BACKGROUND** |
| Highest Educational Qualification (s)   |
| Current Job Title and Responsibilities  |
| **FEE PAYMENT** |
| Who is paying for your Course Fee? (tick your response)------ I will apply for a scholarship---- Self-funding |
| **FURTHER INFORMATION** |
| How did you learn about the Adolescent Mental Health workshop?Advertisement   College of Medicine Website  Event Name of event ----------------------------------------------------  Staff Member Name--------------------------------------------------------------- Other Specify-------------------------------------------------------------- |
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|  **COURSE EXPECTATIONS**What are your expectations for the course?  |