|  |  |
| --- | --- |
| Description: K:\LOGOS\UNIMA COLOUR LOGO HIGH RESO.jpg AFRICA CENTRE OF EXCELLENCE IN PUBLIC HEALTH AND HERBAL MEDICINE (ACEPHEM) | |
| Registration form for Semenology Training workshop | |
| EITHER TYPE IN THE SHADED AREAS OR PRINT THE FORM OUT AND COMPLETE IN BLACK INK | |
| **Please complete all sections** | |
| **PERSONAL DETAILS** | |
| Date: | |
| Surname/Family Name | Title: Mr Mrs Ms  Miss Dr Other |
| All other Names) | Gender: Male Female |
| 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: 18th– 22nd June 2018** | |
| Course Applying For: | |
| **EDUCATION/TRAINING BACKGROUND** | |
| 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 Semenology Training workshop?  Advertisement    College of Medicine Website  Event Name of event ----------------------------------------------------  Staff Member Name---------------------------------------------------------------  Other Specify-------------------------------------------------------------- | |
|  | |
| **COURSE EXPECTATIONS**  What are your expectations for the course? | |