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| Description: K:\LOGOS\UNIMA COLOUR LOGO HIGH RESO.jpg**Department of Medical Laboratory Sciences** **University of Malawi** College of Medicine |
| Registration form for Method Validation Workshop  |
| EITHER TYPE IN THE SHADED AREAS OR PRINT THE FORM OUT AND COMPLETE IN BLACK INK |
| **Please complete all sections** |
| **PERSONAL DETAILS** |
| Surname/Family Name  | Title: Mr Mrs MsMiss 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:** |
| Workshop Date Applying For:  |
| **EDUCATION/TRAINING BACKGROUND** |
| Qualification (s)   |
| Prior Method validation experience?: Yes Organisation:--------------------- When:------------------------- |
| Current Job Title and Responsibilities  |
| Previous Jobs and Responsibilities  |
| **FEE PAYMENT** |
| Who is paying for your Course FeeIf paying by check, please make cheque out to Research Support Centre |
| **FURTHER INFORMATION** |
| How did you learn about the Workshop ?Advertisement   College of Medicine Website  Event Name of event ----------------------------------------------------  Staff Member Name--------------------------------------------------------------- Other Specify-------------------------------------------------------------- |
|  |
|  **COURSE EXPECTATIONS**What are your expectations for the workshop ? Please find the account details below;The account details are as follows:-Bank Name       : NBS BankAccount Name  : Com -Research Support CentreAccount Number: 14356274Branch Name     : Ginnery CornerSWIFT CODE for our bank is NBSTMWMW  |