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| APPLICATION FORMGlobal Health Leadership and Implementation Summer School**Dates: 16-27 September 2019** |
| Please check [x]  on your appropriate options and fill in the spaces provided |
| **Section A: Personal Details** |
| Surname/Family Name: | Title: Dr. [ ]  Mr.[ ]  Mrs.[ ]  Ms.[ ]  Other (Specify) . |
| First Name: | Gender: Male[ ]  Female[ ]  |
| Other Names | Nationality: |
| Correspondence address:Telephone: Email:  |
| **Section B: Education /Training Background** |
| List your academic/professional qualifications: |
| **Qualification** | **Year** | **Institution** | **Field of Study/ Specialisation** |
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| **Section C: Work Experience**  |
| Current job title and key responsibilities: |
| Previous jobs and key responsibilities:  |
| **Section D: Courses interested in (**Please check [x]  on your appropriate options**)** |
| You may choose to attend courses in either week one or week two or both.[ ]  **Week 1 (16-20 September 2019)*** Global Health Principles and Practices
* Introduction to Implementation Science
* Health Program Design, Implementation and Evaluation
* Leadership, Ethics and Governance for Global Health Implementation

[ ]  **Week 2 (23-27 September 2019)** * Introduction to Health Economics
* Quality Management for Global Health
* Global Health Leadership and Innovation
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| **Section E: Personal Statement** |
| Please explain your interests and motivation for this summer school: |
| **Section F: Fees payment** |
| Who is paying for your Course Fees? [ ]  Self [ ]  Organization/ Company (Please specify) . [ ]  I would like to be considered for scholarship. (Please complete section G below)[ ]  Other (Please specify) . If paying by cheque, please make cheque out to Research Support Centre |
| **Section G: Scholarship application (Optional)** |
| Please indicate the scholarship amount you are applying for and justify why you need it: |
| Email the completed form to rsccourses@medcol.mw Cc: globalhealthcoordinator@medcol.mw  |