**The University of Malawi, College of Medicine**

Tuberculosis diagnostics workshop Registration Form

24th & 25th September 2019

In order to ensure the course is tailored to the delegates knowledge and experience, please fill in this form and send completed form named *HNTI TB Diagnosis plus candidate’s name* to [hnti@medcol.mw](mailto:hnti@medcol.mw)

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| **Personal information** | |
| 1. Full name\* | First Name:  Surname: |
| 1. Gender\*   (Tick) | Male  Female |
| 1. Contact number   (Optional) |  |
| 1. Email address\* |  |
| **Current occupation** | |
| 1. Name of current employer   (school leavers\*) |  |
| 1. Name of registered College/University   (current students\*) |  |
| 1. Brief summary of main duties at work (to be complete by school leavers\*. Max 80 words) |  |
| 1. Brief summary of core modules related to the applied course (to be completed by students\*. Max 80 word) |  |
| 1. Current experience of TB diagnostics.   (State any research or laboratory experience. Optional) |  |
| 1. State reasons for attending course\* (Max. 60 words) |  |