**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

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| --- |
| **Personal information** |
| 1. Full name\*
 | First Name:Surname: |
| 1. Gender\*

(Tick) | MaleFemale |
| 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)
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| 1. Brief summary of core modules related to the applied course (to be completed by students\*. Max 80 word)
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| 1. Current experience of TB diagnostics.

(State any research or laboratory experience. Optional)  |  |
| 1. State reasons for attending course\* (Max. 60 words)
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