**APPLICATION FORM**

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| **Personal Information** |
| Full Name: |
| Address: |
| Gender:  |
| Age:  |
| **Contact Information** |
| Telephone:  |  |
| Mobile: | Email: |
| **Professional Information** |
| Profession:  |
| Current Position:  |
| Organisation/ Institution/ University:  |
| Address:  |
| Telephone: Fax:  |
|  Email: | Website: |
| **Educational Background** |
|  |

1. Explain why you want to attend this course and how you expect it to contribute to your professional and personal development (200 words or less).

2. Describe your professional interests and your work. Have you worked on issues of public health, human rights and health research? (200 words or less).

3. How did you hear about this course?

4. I confirm that I will participate in all the aspects of the Course. [ ] (Please tick mark or write yes in the box)

5. I confirm that I or my institute or my organization will cover my travel expenses. [ ] (Please tick mark or write yes in the box)

6. Please provide any other information that you consider relevant (not exceeding 50 words).

7. Send the filled form to [<samacommunication01@gmail.com>]; Subject Line [Application for Sama Course]