



DESIGN, MANAGEMENT, AND EVALUATION OF COMMUNITY-BASED REPRODUCTIVE HEALTH PROGRAMS

**August 18-29, 2008
In Nairobi, Kenya**

APPLICATION FORM DUE: July 4th 2008

1. Applicant Information:

Surname Given Name(s)

Position Organization Name

Complete Date of Birth (DD/MM/YY) (Circle one) Female Male

Are you proficient in English? (Circle one) Yes No

Contact Information:

Address: _____

City: _____

Postal Code: _____

Country: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Fax: _____

Email Address: _____

2. Educational and Professional Information:

Have you attended a Global Health Action-related Program/Workshop in the past? (Circle one) Yes No

If **yes**, please provide the location and date of the training: _____

Education: (Please describe the highest level of formal education that you have obtained.)

Dates Institution City and Country Subject Degree/Certification

Are you in a supervisory or management position? (Circle one) Yes No

Number of years in this role _____

Do you manage reproductive health activities or programs within your organization or institution?
(Circle one)

Yes No

3. Funding Information: (Please choose one)

- ____ I have full funding from my government or a sponsoring agency. I will ask my sponsor to send confirmation of payment for my tuition, fees, and other course-related costs, excluding travel.
____ I have partial funding from my government or a sponsoring agency in the amount of US \$ ____ (excluding travel).
____ I will continue to seek funding from government or sponsoring agency.

Sponsor's Name: _____

Organization Name (if applicable): _____

Complete Mailing Address: _____

City and Country _____

Telephone: _____

Fax: _____

Email: _____

Method of Payment: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

4. Personal Statement: In the space below, please describe the reproductive health project you wish to implement after completing this course, as well as what you hope to accomplish through this course. You may attach additional pages if necessary. **(Please attach Curriculum Vitae along with a letter from your employer stating your current position and responsibilities at the organization where you work)**

5. Please let us know how you heard about this course?

Mailing ____ Website ____ Internet Surfing ____ Conference ____ Friend ____ Other _____

I DECLARE THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE.

Signature

Date

***All applications must be received by July 4
Payments must be received by July 18***

RETURN ALL APPLICATION MATERIALS TO:

Express Mail/Via Air:
Global Health Action
1902 Clairmont Avenue
Decatur, GA 30033 USA

Telephone: +1 (404) 634-5748
Fax Number: +1 (404) 634-9685
E-mail Address: programs@globalhealthaction.org
Internet Address: www.globalhealthaction.org

