



AFRICAN PROGRAMME
for ADVANCED RESEARCH
EPIDEMIOLOGY TRAINING



AFRICAN PROGRAMME FOR ADVANCED RESEARCH EPIDEMIOLOGY TRAINING (APARET) FELLOWSHIP APPLICATION FORM

PERSONAL PARTICULARS					
1. Name: (First, Middle, Surname)		2. Date of Birth: DD/MM/YYYY			
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Marital status: Married Not Married			
5. Citizenship:		6. Country of Permanent Residence:			
7. Telephone Number (Include Area Code):	8. Postal Address:	9. Email:	10. Fax		
11. ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Beginning with the most recent)					
NAME & LOCATION OF INSTITUTION	FIELD	AWARD	DATE OF AWARD		
12. Are you a student or graduate of an African Field Epidemiology/Laboratory Training Program? Yes No		13. If yes, indicate which program you attended and country where program was offered Program: Country:			
14. If graduate, indicate date of graduation:		15. If student, indicate which academic year you are in:			
16. Give up-to 5 research projects where you took the most prominent role. Indicate next to each research you conducted, the period in which it was conducted, the funder for the research and your role in the research – whether as a research assistant, investigator or principal investigator and specify in case it was your master's dissertation					
#.	TITLE OF RESERACH	PERIOD CONDUCTED	FUNDER	ROLE IN RESEARCH	
1					
2					
3					
4					
5					



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17. PUBLICATIONS Give a list of publications where you were involved indicating the full list of authors in the order they appear on the article, the title, the journal, volume and year of publication: 1. 2. 3. 4. 5.

18. WORK EXPERIENCE (Starting with most recent and include title/position, employer and duration,)

POSITION TITLE	EMPLOYER'S NAME & ADDRESS. POINT OF CONTACT & TELEPHONE #	Dates of Employment DD/MM/YR	
		From	To

19. Are you working at the institution you intend to have as your host institution? Yes No If yes, please attach a scanned copy of your appointment letter.

20 Names and addresses of 3 referees who are familiar with your academic or professional career abilities indicating their name/title/institution and your relationship with them:

NAME	TITLE	INSTITUTION	CONTACT INFORMATION (TELEPHONE # & EMAIL)	YOUR RELATIONSHIP WITH THEM

21. Other documents to be attached: A. Letter of motivation to undertake the fellowship – Not more than 500 words. B. Concept of your research project – Not more than 500 words. C. Curriculum Vitae – Not more than 4 pages. D. Scanned copy of your FETP or FELTP transcript.

22. DECLARATION: *To the best of my knowledge, the above facts as stated are true and correct.* Applicant's Signature: Date: DD/MM/YYYY