WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS 27th June - 8thJuly 2016 APPLICATION FORM

Instructions
Please type information directly into this form. Completed applications in PDF form, including required completed supplemental statements, should be received by April 17, 2016 . Send the completed application by e-mail directly to:
Edith Tetteh, Workshop Coordinator School of Public Health University of Ghana Legon, Accra E-mail:M.E.Malaria@gmail.com Phone: +233 249 410336, +233 233 6410336
Course options
Option 1 (27th June- July 8th)Option 2 (4th July- 8th July): candidates who have previously completed an M&E course■M&E Fundamentals (Required)■Track 1: Malaria Surveillance■Track 1: Malaria Surveillance or■Track 2: Evaluation Methods for malaria
I am applying to: (please checkmark your option) (choose one track)
Option 1: M&E Fundamentals + Track 1: Malaria Surveillance Track 2: Evaluation Methods for malaria
Option 2: (choose one track only) Track 1: Malaria Surveillance Track 2: Evaluation Methods for malaria
Please be certain that the following materials are sent:
Application with funding form and statement Reference
Incomplete applications will not be considered. Brochure and all application forms are available at: http://www.cpc.unc.edu/measure/events/monitoring-and-evaluation-of-malaria-control-programs
Title Mr. Ms. Dr.
Surname (Family Name)
First name
Gender Female Male
Current position/job title

Institutional affiliation

Institutional mailing address	
Business telephone	_ Home telephone
E-mail address	
Nearest airport	_
Country of citizenship	City & country of birth
Country of legal permanent residence	Date of birth (Day/Month/Year)
Country of passport	Passport number

If you choose option 2 please list the name of the monitoring & evaluation course completed, the date of completion, and the content learned:

Post-Secondary Education (Begin with most recent and include relevant short-term technical or professionaltraining.)

<u>Dates</u>	Institution attended	<u>Major subject</u>	Degree completed

Relevant work experience (*Begin with most recent employment, and include all current jobs. Attach additional information on a separate page if necessary.*)

<u>Dates</u>	Position/title	Employer	<u>City/country</u>

Describe your present duties and responsibilities, including both teaching and research, with specific emphasis on work-related monitoring and evaluation activities:

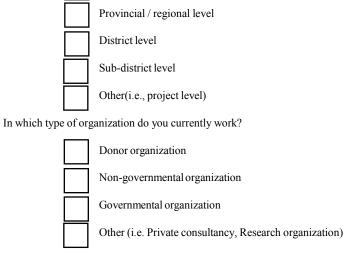
List all program monitoring and evaluation experience (please provide the name of program, the funding source, the date, the location and your role in monitoring evaluation effort)

Does the organization where you currently work receive any funding from USAID for the project that you work on?

Yes
No
Don't know
Explain your answer:

National level

Are you primarily involved in monitoring and evaluation at the (check one):



How many years in total have you been working professionally?

No. of years working professionally:

Have you ever prepared an M&E plan, alone or with colleagues, before attending this workshop?

Yes	No	Other comment:	
	1.10		

Have you been involved with actual implementation of monitoring activities before attending this workshop?

Yes No Other comme

Have you ever worked on an impact evaluation, in other words, an evaluation to measure "cause and effect" of the program?

Yes	No	Other comment:	
		-	

For how many years have you been doing monitoring & evaluation in your work? No. years of M&E

experience:

What knowledge and skills do you hope to gain from this training? (Please list at least three objectives)

1:			
_			
2:			
_			
3:			

List your publications, particularly in field relevant to the workshop.

Title of publication

Date, where published

List below any scholarships, fellowships, grants, contracts, or other awards you have received, including grants to attend international conferences, workshops, or seminars. Please specify which if any awards are current, and indicate expiration dates.

For our records, please tell us how you heard about this workshop:

Communication from School of Public Health, University of Ghana School of Public Health, University of Ghana Website MEASURE Evaluation website Communication from MEASURE Evaluation Roll Back Malaria monitoring and evaluation listserv



Your employer or colleagues at your workplace Other (please specify)

One reference (separate form) must be submitted in support of your application. The reference form should be completed by your current or previous supervisor at your place of work. Please list below the name of the referee you have selected. **Reference should be received by April 17th, 2016**.

Name	Position/Institution	Date you requested reference

WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS 27th June - 8thJuly 2016 FUNDING FORM

Note: All applicants are expected to seek funding from their home organizations or governments or from outside funding agencies. Available funding for participant costs is **very competitive and limited.**

PLEASE TYPE

Name of applicant_____

I will be funded by the following sponsoring agency:

Contact person/Title

Name of funding organization_____

Mailing address

Telephone_____

E '1	address	
E-mail	address	

I would like to apply for full funding (Tuition and fees, Travel, Insurance, Visa, etc.) from the MEASURE Evaluation project. **MEASURE Evaluation provides few fellowships and they are very competitive applicants are encouraged to seek other funding sources**.

I will be funded by family or friends or self-funded.

ESTIMATED WORKSHOP EXPENSES; (checkmark your option)

Option 1 (27th June- July 8th , M&E Fundamentals + Track) Tuition and fees (including room, board, but not including airfare, travel and accident insurance (required) and visa fees)	US\$ 3,000
Option 2 (4 th July- 8 th July, Track only) Tuition and fees (including room, board, but not including airfare, travel and accident insurance (required) and visa fees)	US\$ 1,750

WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS 27th June - 8thJuly 2016 Workshop Statement

Name of Applicant

Please describe your relevant education, research, and/or work experience, and indicate how participation in the workshop will benefit your future work. (250 word maximum).

PLEASE TYPE

I (Name) ______ certify that the above information is true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application, withdrawal of offer of admission or, if a fellowship has been awarded, for the termination of the fellowship.

Date:

(Day/Month/Year)