

WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS
8-19 June 2015

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 30, 2015**. 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

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. Mrs Ms. Dr.

Surname (Family Name) _____

First and other name _____

Gender Female Male

Current position/job title _____

Institutional affiliation _____

Institutional mailing address _____

Business telephone _____ **Home telephone** _____

Facsimile no. _____ **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 different than country of citizenship)

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

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

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>	<u>Position/title</u>	<u>Employer</u>	<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 (both job and non-job related consultancies)

<u>Name of program</u>	<u>Funding source</u>	<u>Applicant's role in M&E effort</u>	<u>Date</u>	<u>Location</u>

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

- Yes
- No

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

- National level
- Provincial / regional level
- District level
- Sub-district level
- Other(i.e., project level)

In which type of organization do you currently work?

- Donor organization
- Non-governmental organization
- Governmental organization
- Other (i.e. Private consultancy, Research organization)

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: _____

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

- Yes No Other comment: _____

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 M&E 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 up to four of your publications, particularly in field relevant to the workshop.

<u>Title of publication</u>	<u>Date, where published</u>

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:

1. School of Public Health, University of Ghana
2. Communication/brochure from School of Public Health, University of Ghana
3. School of Public Health, University of Ghana Website
4. MEASURE Evaluation website
5. Communication/ brochure from MEASURE Evaluation
6. Monitoring and Evaluation of malaria listserv
7. AIMENet listserv
8. Your employer or colleagues at your workplace
9. Other (please specify) _____

One reference (separate form) must be submitted in support of your application. The reference form should be filled in by your current or previous supervisor at your place of work, or your academic supervisor. Please list below the name of the referee you have selected. **Reference should be received by April 30, 2015.**

Name	Position/Institution	Date you requested reference

**WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS
8-19 June 2015**

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 limited.

PLEASE TYPE

Name of applicant _____

I will be funded by the following sponsoring agency:

I contact person/Title _____

Name of funding organization _____

Mailing address _____

Telephone _____ Facsimile no. _____

E-mail address _____

I have applied for funding from _____

(Name of funding agency-list all agencies to which you have applied)

I am still seeking sponsorship and would like my application to be considered.
(Please forward confirmation of funding to SPH upon notification from sponsor.)

I would like to apply for full funding (Tuition and fees, Travel, Insurance, Visa, etc.) from the MEASURE Evaluation project (These funds are only available to professionals in USAID-supported countries).

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

ESTIMATED WORKSHOP EXPENSES;

Tuition and fees (including room, board, but **not including airfare, travel and accident insurance (required) and visa fees**)

US\$ 3,000

**WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS
8-19 June 2015**

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)