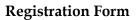
THE INFECTIOUS DISEASES INSTITUTE



College of Health Sciences, Makerere University Kampala, Uganda

- IDI Training Program -





Section A: Personal Pr	ofile					
Surname	First Name	Gender:	Date of Birth:			
		Female: ☐ Male: ☐				
Address (or P.O Box)		City (with postal code if applicable)	Country			
District (Uganda Resident	s Only)	Nationality	Country of Residence			
E-mail Address:		Phone # (include country code)	Fax# (include country code)			
Passport number:						
Profession (Tick all appli		Military Service Member? Yes: ☐ No: ☐				
□SpecialistSpecify		(If yes, please indicate nation, branch, and rank)				
☐ Medical Doctor						
☐ Clinical Officer						
☐ Registered Nurse						
☐ Registered Midwife						
□Enrolled Nurse M/W						
☐ Laboratory scientist	ı					
☐ Laboratory Technologist☐ Laboratory Technician	Į.					
☐ Laboratory Assistant						
□ Pharmacist						
□Dispenser						
□Counselor						
□Social Worker						
□Allied Health Worker	Specify					
Name of course registering	g for:	Start date of training:	Start date of training:			
		//				
T 1 N 0 4 11						
Employer Name & Addres	SS:	Employer agency type: Government Agency				
		☐ Government Agency ☐ Military				
		□ Non governmental Org (NGO)				
		Faith Based Org				
		Private for profit				
		Teaching Hospital				
		Regional/District Hospital				
		Health centre IV (Major health on Dispensary or Health Centre I-II				
		Community based health service				
		Other				
Location of agency		Number of employees in your agency				
□ Urban □ Rural						
∟ Kuiai						

What is the average number of p day at your facility?	Name Address & Phone # of sponsor								
Sponsor agency type: Government Agency Military Non governmental Org (NGO)			How did you learn about IDI?						
☐ Faith Based Org									
☐ Private ☐ Other		specify							
Section C: Previous Trainin	_ specify								
HIV/TB	Date	Mal	aria	Date	Laboratory	Date			
☐ Management of HIV programs		☐ Manager	ment of ted malaria		☐HIV Counseling and Testing				
☐ HIV prevention ☐ HIV testing and counseling		☐Management of uncomplicated malaria		☐ Laboratory Techniques in HIV/AIDS					
☐ HIV care ☐ Community based HIV care		☐Management of malaria in pregnancy		□QA and QC in Laboratory Services					
□ ARV in HIV management □ PMTCT		☐Malaria diagnostics			Good Laboratory Practice				
☐HIV logistics management					☐ Training of Trainers				
☐ Palliative care ☐ Training of trainers					□Clinical Laboratory Management				
Research					☐ Monitoring & Evaluation				
					☐ Others (specify)				
	Section E: What area(s) of practice are you involved in?								
HIV/TB		Malaria ☐Management of complicated malaria		Laboratory					
☐ Management of HIV programs	3			☐HIV Counseling and Testing					
☐HIV prevention		☐ Management of uncomplicated malaria		□ Laboratory Techniques in HIV/AIDS					
☐HIV testing and counseling									
□HIV care		☐ Management of malaria in		☐ QA and QC in Laboratory Services					
☐ Community based HIV care		pregnancy □ Malaria diagnostics		☐ Good Laboratory Practice					
☐ ARV in HIV management				☐ Training of Trainers					
□РМТСТ					☐Clinical Laboratory				
☐HIV logistics management					Management				
☐ Palliative care					☐ Monitoring & Evaluation				
☐ Training of trainers					□Others (specify)				
□Research									

Are you involved in the training of other health care workers? Yes: ☐ No: ☐ If yes please describe training activities you are engaged in:
Are you involved in Continuing Professional Education? Yes: \square No: \square If yes please describe training activities you are engaged in:
Are you involved in the management of a programme? Yes: \square No: \square If yes, outline your responsibilities:
After completion of this training, what area of professional services do you plan to improve?
Have you ever done a course at IDI? Yes: \square No: \square
If yes, what course(s): (Include dates)
I(Full Name) herby certify that the above information is true and constitutes a valid description of my experience and qualifications
Signature
/
Date

For more information please contact:

Training Department

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