

APPLICATION FORM

**Communicable Diseases in Humanitarian Emergencies
Training Course:
28 November – 2 December 2011**

Title: (*Dr/Mrs/Mr etc*) _____

Surname or family name:

First name(s):

Gender: Female ____ Male ____

Date of Birth: / / 19

Nationality:

Country of normal residence:

Country of Birth:

Current Address for correspondence:

Postcode: _____

Daytime Contact Telephone No: _____

After Hours/ Mobile No: _____

Email address: _____

Sponsoring organization /agency: _____

Please tell us briefly how you have heard about the University of New South Wales, School of Public Health & Community Medicine (SPHCM) and the WHO short course?

- Should you have any medical condition, physical or other disability that the course convener should be aware of or which might call for special arrangements or facilities, please attach a confidential letter with your application form.

Main degrees or qualifications, diplomas and certificates held:

Approximate Dates	Educational Institution	Degree or Diploma

Brief employment history (main jobs held, including CURRENT):

Do you have experience working in humanitarian emergencies? (if so, briefly describe):

Do you have experience in infectious disease surveillance, prevention and control or in outbreak investigation and response?

Yes _____

No _____

Why do you wish to attend this course?

Should your application be successful and at some point wish to cancel your attendance, please contact us immediately.

Declaration and signature of candidate seeking admission:

I declare that the information given on this application form correct to the best of my knowledge. The school and WHO reserve the right to cancel the course within a short notice.

Signature _____ date: / /

Please return the completed form with a CV (No later than 7 October 2011) to:

Dr Mohamud Sheikh and Dr Catherine Bateman Steel
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