# APPLICATION FORM

Workshop and Symposium on Capacity Building for National Sustainable Development

***“From Evidence generation through effective lab diagnosis and disease prediction strategies to effective implementation of findings”***

**6 - 17 August 2018 – Nairobi, Kenya**

Please fill this form and send it to Mrs. **Ana Irys Menezes** [**mailto:anairysmenezes@gmail.com**](mailto:anairysmenezes@gmail.com)

**Application Deadline: 20th June, 2018**

**Registration Fees:**

|  |  |
| --- | --- |
| International participants | USD 150 |
| Local participants | USD 60 (Ksh. 6000) |
| Local students | USD 20 (Ksh. 2000) |

Note: Payments shall be made on site

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| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Name** |  | | | | |
|  |  |  |  |  |  |  |
| **2** | **Institution** |  | | | | |
|  |  |  |  |  |  |  |
| **3** | **Email** |  | | | | |
|  |  |  |  |  |  |  |
| **4** | **City, Country** |  | | | | |

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| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Gender** | | | | | |
| Male | | | Female |  | |
|  | | | | | |
| **Selected course** | | | | | |
| *Each applicant should select any 3 in order of preference*  *Applicants who choose* ***c*** *and* ***d*** *are encouraged to carry laptops*  *Applicants who choose* ***d*** *are further encouraged to carry their data for analysis* | | | | | |
|  | | 1. Antimicrobial stewardship | | | |
|  | | 1. Diagnostics and diagnostic stewardship | | | |
|  | | 1. Climate health | | | |
|  | | 1. Mathematical modelling of infectious diseases | | | |
| **Order of preferance (*i.e. a,b,c*): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Occupation** | | | | | |
|  | Medical doctor, pharmacist, nurse, hospital administrator, health systems specialist, medical student | | | | |
|  | Laboratory technologist, biomedical scientist, Microbiologist, biotechnologist | | | | |
|  | Public health expert, epidemiologist, climate scientist, meteorologist, social scientist, environmental expert | | | | |
|  | Others not listed above (please specify) | | | |  |
|  | | | | | |
| **Applying for full / partial scholarship?** | | | | | |
|  | Yes - If yes, please send a motivational letter with this application | | | | |
|  | No | | | | |
|  | | | | | |
| **Will you require accommodation?** | | | | | |
| *Accommodation will be arranged on first come first serve basis.*  *For institutions, group accommodation is encouraged.* | | | | | |
|  | Yes | | | | |
|  | No | | | | |
|  | | | | | |
| **Will you present a poster?** | | | | | |
|  | Yes - If yes please send an abstract to the email address given above | | | | |
|  | No | | | | |