# 

# AFRICA CENTRE FOR HEALTH LEADERSHIP

# C:\Users\user\Documents\completed jobs\ACHL\correct-logo1.png

# APPLICATION FOR FOR PROFESSIONAL DEVELOPMENT

# (SHORT COURSE/WORKSHOP/SEMINAR)

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# SECTION A: PERSONAL DATA

Candidate’s Name:………………………………………………………………………………………………….

Sex:…………………………………..………………………………………………………………………………….

Date of Birth:………………………………………………………………………………………………………….

State of Origin:……………………………………………………………….………………………………………

Local Govt.:………………………………………………………………….………………………………………..

Marital Status:………………………………………………………………………………………………………..

Religion:…………………………………………………………………………………………………………………

Contact Address:…………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………Postal Address:……………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………

Permanent Home Address:……………………………………………………………………………………….

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Phone No.:………………………………..e-mail:……………………………………………………………......

# SECTION B: EDUCATIONAL QUALIFICATION

Please state your qualifications and the Institutions attended:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

# SECTION C: CHOICE OF PROGRAM: STATE TITLE OF SHORT COURSE, SEMINAR OR WORKSHOP YOU APPLYING FOR?

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Briefly describe your motivation for attending this program? ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# SECTION D:

# (i) WORK EXPERIENCE

# List organizations where you worked and job titles:……………………….……………................

# …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..............................................................................................................

# (ii) BASIC COMPUTE SKILLS

# Have you used the computer before? YES NO

# Briefly list any computer program and packages you are familiar with:

# ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**How did you hear about our program**?

*------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------*

………………………………………………………………………………………

……………………………………………………………………………………………………………………

Would like to serve as volunteer for ACHL?

Yes

No

If yes, download and fill membership form at www. afchel.org---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Date:………………………………..Signature:…………………………………………………………..

# SECTION F: OFFICE USE ONLY

Candidate’s No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Granted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Refused:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_