



**UNIVERSITY OF GHANA SCHOOL OF PUBLIC HEALTH
AFRICAN REGIONAL TRAINING CENTRE
supported by TDR/WHO**

ARTC COURSES

APPLICATION FORM

(Please type or use block letters)

Female Male

Title: Mr./Mrs./Dr./Prof. Mr

Current position/job title:

Institutional affiliation:

Institutional mailing address:

Business telephone:

Home telephone:

E-mail address:

Country of citizenship:

City & country of birth:

Country of legal permanent residence:

Date of birth:

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.)*

Dates Institution attended Major subject Degree completed

Relevant work experience *(Begin with most recent employment, and include all current jobs. Attach additional information on a separate page if necessary.)*

Dates Position/title Employer City/country



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Describe your present duties and responsibilities, including research, with specific emphasis on health related projects.

In which type of organization do you currently work?

1. ____ Donor organization
2. ____ Non-governmental organization
3. ____ Governmental organization
4. ____ Health Institution
4. ____ (Research organization)

How many years in total have you been working professionally?

For our records, please tell us how you heard about this workshop:

1. ____ University of Ghana
2. ____ School of Public Health website
3. ____ Your employer or colleagues at your workplace
6. ____ Other (please specify) _____

Date _____

Signature of applicant _____

Email: artc@ug.edu.gh