

# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## APPLICATION FORM

### INSTRUCTIONS FOR COMPLETING THIS FORM

- ❖ Answer all questions clearly and accurately. Please type or print, using black ink.
- ❖ Include all appropriate data on the form. Should space be insufficient, please use additional pages. Additional pages should be typed.
- ❖ Sign and date the last page, where indicated.
- ❖ Please remember to submit all required documents so that your application will be considered complete. Please see Program Description for details on eligibility criteria and documents required. (also see checklist below)
- ❖ You only need to send copies of undergraduate, graduate, and postgraduate diplomas. Certificates of participation or attendance at workshops, congresses or short courses, etc., will not be considered in the selection process.

**Please submit the completed application and all documents in duplicate (original plus one copy) to the PAHO/WHO Country Office in your country of residence.**

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### CHECKLIST

**(Please submit with application)**

Please ensure that ALL of the following required documents are included and the application is complete.

#### **Required documents:**

- Completed application form
- Curriculum vitae
- Photocopy of undergraduate diploma(s)
- Photocopy of graduate and/or postgraduate diploma(s)
- Letter of support from place of employment

#### **Recommended documents (optional):**

- Letters of recommendation

#### **Please ensure that:**

- The application has been signed and dated
- The documents are submitted in the order noted above
- The application and all documents have been submitted in duplicate

# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## APPLICATION FORM

### I. BACKGROUND INFORMATION

Name: \_\_\_\_\_  
*Last\* First Middle*

\* Print LAST NAME only in capital letters.

Street or Postal Address: \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Office Phone: (     ) \_\_\_\_\_ Hours when can be reached: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Hours when can be reached: \_\_\_\_\_

Office Fax: (     ) \_\_\_\_\_ Home Fax: (     ) \_\_\_\_\_

Mobile or cell phone: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Nationality at birth: \_\_\_\_\_

Current nationality: \_\_\_\_\_

Sex: Male  Female

Please indicate if you have applied to the former Training Program in International Health and, if so, the date(s) of application:

\_\_\_\_\_  
\_\_\_\_\_

# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## II. ACADEMIC DEGREES

**Graduate and Postgraduate Training** (Starting with most recent, list only graduate training leading to a Master's Degree or its equivalent or a Ph.D.)

1. Institution and School within institution: \_\_\_\_\_  
\_\_\_\_\_  
City, State and Country: \_\_\_\_\_  
Beginning date: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
Degree/Title earned (and date granted): \_\_\_\_\_  
Area of specialization \_\_\_\_\_

2. Institution and School within institution: \_\_\_\_\_  
\_\_\_\_\_  
City, State and Country: \_\_\_\_\_  
Beginning date: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
Degree/Title earned (and date granted): \_\_\_\_\_  
Area of specialization: \_\_\_\_\_

**Undergraduate Training** (List only training leading to a university degree)

Institution and School or Department: \_\_\_\_\_  
\_\_\_\_\_  
City, State and Country: \_\_\_\_\_  
Beginning date: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
Degree/Title earned (and date granted): \_\_\_\_\_  
Area of specialization: \_\_\_\_\_

**Other Academic Training** (List any other specializations, graduate or postgraduate training leading to the granting of a degree. Also use this space to list any medical residency)

Institution and School within institution: \_\_\_\_\_  
\_\_\_\_\_  
City, State and Country: \_\_\_\_\_  
Beginning date: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
Degree/Title earned (and date granted): \_\_\_\_\_  
Area of specialization: \_\_\_\_\_

# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## III. PROFESSIONAL EXPERIENCE (Start with your current or most recent position)

1. Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Exact title of the position: \_\_\_\_\_

Name of the institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Area of activity: \_\_\_\_\_ (Use the corresponding codes from the attached AREA OF ACTIVITY list , Annex 1)

Level of responsibility: \_\_\_\_\_ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

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2. Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Exact title of the position: \_\_\_\_\_

Name of the institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Area of activity: \_\_\_\_\_ (Use the corresponding codes from the attached AREA OF ACTIVITY list, Annex 1)

Level of responsibility: \_\_\_\_\_ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

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# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## III. PROFESSIONAL EXPERIENCE (Continuation)

3. Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Exact title of the position: \_\_\_\_\_

Name of the institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Area of activity: \_\_\_\_\_ (Use the corresponding codes from the attached AREA OF ACTIVITY list , Annex 1)

Level of responsibility: \_\_\_\_\_ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

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4. Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Exact title of the position: \_\_\_\_\_

Name of the institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Area of activity: \_\_\_\_\_ (Use the corresponding codes from the attached AREA OF ACTIVITY list , Annex 1)

Level of responsibility: \_\_\_\_\_ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

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# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## IV. LANGUAGE ABILITY

The official languages of the Organization are: English, Spanish, Portuguese and French. Indicate your knowledge in one or more of these languages.

	ENGLISH			SPANISH			PORTUGUESE			FRENCH		
	Speak	Read	Write	Speak	Read	Write	Speak	Read	Write	Speak	Read	Write
Mother tongue												
Nearly as well as mother tongue												
Without serious difficulty												
Limited ability												
No knowledge												

Please indicate your knowledge of any other language.

	Speak	Read	Write	Speak	Read	Write
Mother tongue						
Nearly as well as mother tongue						
Without serious difficulty						
Limited ability						
No knowledge						

## V. FELLOWSHIPS AND AWARDS GRANTED

1. Awarding institution: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Objective: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Awarding institution: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Objective: \_\_\_\_\_

\_\_\_\_\_

# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## V. FELLOWSHIPS AND AWARDS GRANTED (Continuation)

3. Awarding institution: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Objective: \_\_\_\_\_

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## VI. PROFESSIONAL ASSOCIATIONS (List any post held or other special duties)

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## VII. PUBLICATIONS (Articles, papers, books. List the complete bibliographic note)

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# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## IX. REFERENCES

Indicate the name and address of three public health or international relations professionals who could provide references on your professional performance.

1. Name and title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone and/or Fax: \_\_\_\_\_

Email (if available): \_\_\_\_\_

2. Name and title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone and/or Fax: \_\_\_\_\_

Email (if available): \_\_\_\_\_

3. Name and title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone and/or Fax: \_\_\_\_\_

Email (if available): \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## ANNEX 1 AREA OF ACTIVITY

### Ministry of Health

- (1) Central administration (other than the Office of International Relations)
- (2) Office of International Relations at the Ministry of Health
- (3) Provincial/State administration
- (4) Municipal/Local administration
- (5) Public health services-Management
- (6) Public health services-Direct care
- (7) Public health services-Teaching/research

### Other Governmental Agencies

- (8) Scientific and technical
- (9) Other ministries or public agencies
- (10) Congress

### Social Security Administration

- (11) Management in social security central administration
- (12) Management in social security decentralized administration
- (13) Management/administration of social security health services
- (14) Social security consultancies

### Private Sector

- (15) Private health services-Management
- (16) Private health services-Direct care
- (17) Private consultancies in health sector
- (18) Health industry (development of drugs and technology)

### Teaching and Research

- (19) Teaching in public universities
- (20) Teaching in private universities
- (21) Research in public universities
- (22) Research in private universities
- (23) Teaching/Research in public universities
- (24) Teaching/Research in private universities
- (25) Public research institutions
- (26) Research institutions belonging to NGO sector
- (27) Private research institutions

### NGOs/Unions/Community Associations

- (28) Project management
- (29) Service delivery
- (30) Consultancies

### International Consulting

- (31) PAHO/WHO consultancies
- (32) Consultancies in multilateral technical cooperation agencies other than PAHO/WHO
- (33) Consultancies in multilateral financing agencies
- (34) Consultancies in private international agencies
- (35) Consultancies in bilateral technical and financial cooperation agencies

# LEADERS IN INTERNATIONAL HEALTH PROGRAM 2009

## ANNEX 2 LEVEL OF RESPONSIBILITY

### Health Services (includes public, private, social security and non-governmental)

- Director of Health Services
  - (1) High level of complexity
  - (2) Medium level of complexity
  - (3) Low level of complexity
- Chief of Health Services Development
  - (4) High level of complexity
  - (5) Medium level of complexity
  - (6) Low level of complexity
- Care Services
  - (7) Personal
  - (8) Non-personal

### Public Administration or Other Governmental Agencies

- Ministry of National Secretariat
  - (9) Minister or Secretary
  - (10) Assistant Secretary or Director
  - (11) Project or Program Coordinator
  - (12) Professional Staff Member
  - (13) Assistant
- Provincial/State Ministry of Secretariat
  - (14) Minister or Secretary
  - (15) Assistant Secretary or Director
  - (16) Project or Program Coordinator
  - (17) Professional Staff Member
  - (18) Assistant
- Municipal/Local Authority or Secretariat
  - (19) Director or Secretary
  - (20) Assistant Secretary or Assistant Director
  - (21) Professional Staff Member
  - (22) Assistant

### University Teaching in Public or Private Universities

- Managerial
  - (23) University Manager
  - (24) Faculty Dean
  - (25) Career Manager
  - (26) Program or Department Head
- Teacher
  - (27) Tenured Professor/Associate Professor/Principal
  - (28) Associate/Joint Professor
  - (29) Graduate Student Supervisor/Assistant

### Research

- Managerial
  - (30) Director of institution
  - (31) Program Director
- Researcher
  - (32) Principal Researcher or Project Director
  - (33) Researcher
  - (34) Assistant Researcher

### Non-Governmental Organizations (excluding personal and non-personal health services)

- (35) Manager
- (36) Area/Program Coordinator
- (37) Professional Staff Member

### National Consultants

- (38) Manager
- (39) Project Consultant
- (40) Temporary Advisor

### International Cooperation

- (41) Regular staff
- (42) Long-Term Consultant
- (43) Short-Term Consultant