

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

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: _____

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: _____

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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)

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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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)

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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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: _____

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V. FELLOWSHIPS AND AWARDS GRANTED (Continuation)

3. Awarding institution: _____

Dates: From: _____ To: _____

Objective: _____

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

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

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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

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

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