**APPLICATION FORM**

**PART I: PERSONAL INFORMATION:**

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| **Personal information:** |
| **Name (as in passport)** |  |  |  |
| **Date of birth** |  |  |  |
| **Gender** |  |
| **Marital status** |  |
| **Passport number** |  |
| **Address** |  |  |  |
| **Mobile number** |  |
| **Email address** |  |
| **Ministry you work for** |  |
| **Years of services** |  |

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| **Educational qualifications:** (Anything beyond the high school) |
| **Name of institution** | **From** | **To** | **Field of study and degree** |
| **month/year** | **month/year** |
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| **Employment:** |
| **Present Position** |  | **Department** |  |
| **Name of health facility** |  |
| **Term of Employment** | **from            to present** |
| **Describe your present duties:** |

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| **Previous employment (at least cover the career over the past 5 years:** |
| **Name of facility** | **From** | **To** | **Position/ Responsibilities** |
| **month/year** | **month/year** |
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| **Training/conferences:** |
| **Name of training, institution provided, country** | **From** | **To** | **Field of training** |
| **month/year** | **month/year** |
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| **Publications (thesis and dissertation are not included):** |
| **Title of article** | **Name of journal** | **Year of publication** |
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| **Language proficiency (please provide proof of your proficiency):** |
| **Do you have IELTS or TOEFL** | **If yes:****Grade (IELTS):****Grade (TOELF):** |
| **If no, please rate your proficiency** | **Excellent** | **Good** | **Fair** | **Poor** |
| **Listening and speaking** |  |  |  |  |
| **Reading and writing** |  |  |  |  |

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| **Statement of purpose:****What part of the designated program interest you and why?** **What are the required competencies you would like to achieve in the fellowship?****How do you see yourself in 10 years from now?** **Please be informed that the text should not be more than 250 words** |
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| **Applicant responsibilities:** |
| **If accepted as a fellow, I agree:**1. **To participate in the training program to the best of my ability and abide by the rules of the training institute and hospital in which I undertake training;**
2. **To refrain from engaging in political activities;**
3. **To abstain from any form of employment for profit unless agreed upon by the sponsor or the hosting institution as part of the requirements of the program;**
4. **To return to my home country upon completion of my training program and to resume work in my country in Duhok Directorate General of Health for a period not less than 10 years and train my colleagues the skills I obtained from this program;**
5. **Not to extend the length of my training or my stay for personal conveniences;**
6. **Neither Duhok Directorate General of Health nor the Hosting Institution is responsible for the costs of bringing any family members (dependants) to country of training;**
7. **To accept that Duhok Directorate General of Health and the hosting institution are not liable for any damage or loss of my personal property; and**
8. **To allow Duhok Directorate General of Health and the hosting institution to collect information about me and to pass that information onto other relevant parties if necessary.**

**I fully understand that my status as a fellow may be terminated if I fail to make satisfactory progress or for any other reason determined by Duhok Directorate General of Health and the hosting institution.****Date: / /2015****Applicant's Name:                         Signature:** |