TRAINING AND RESEARCH SUPPORT CENTRE and UNIVERSITY OF ZIMBABWE DEPARTMENT OF COMMUNITY MEDICINE (DCM)

PUBLIC HEALTH WINTER SCHOOL SHORT COURSE TRAINING (**8-12 July 2013*),*** UZ Harare

REGISTRATION APPLICATION FORM

Deadline 26 April 2013

Return this form WITH YOUR CV and LETTER OF INTENT JUSTIFYING YOUR APPLICATION to The Programme Coordinator, Public Health Winter School Short Course Training Programme P. O Box CY 2720 Causeway HARARE or fax to 263-4-737 220 or email to tarsc@ai.co.zw AND admin@tarsc.org

SECTION A. PARTICIPANT INFORMATION

First name(s):	
Last name:	
Professional Title:	
Organization/ Employer:	
Your work in the organisation	
Your education level	
Mailing address:	
E-mail address:	
Phone number:	
Fax number:	
Skype name	
Name, position, institution and contact phone, fax and email address of one person who can act as a referee for you:	

SECTION B. PAYMENT INFORMATION

Approved funds are for course fees, teas and lunches only and delegates will need to make provision for accommodation in Harare. Decisions regarding the allocation of funds available for sponsorship will be made and applicants informed in **May 2013**. Limited funding is available. We ask you to please consider carefully your level of need before requesting funding and also to approach your employing organization for part or complete sponsorship. We may provide part sponsorship for those who have raised co-funding. Circle the correct response

I will pay the full **$300** registration fee myself (or through my organization) Yes / No

I will need part sponsorship for the course fee Yes / No : If Yes, amount needed US$.....

I will need full sponsorship for the course fee Yes / No

My reasons for needing sponsorship are…….....

…….....