

## **APPLICATION FORM**

**Capacity Building Workshop to Enhance  
Youth Reproductive Health research in Egypt**

**23–27 October 2011**

**Deadline for receiving applications is 19 September 2011**

1. Name: \_\_\_\_\_  
First name Middle name Family name

2. Date of birth: \_\_\_\_\_  
Day / Month / Year

3. Nationality: \_\_\_\_\_

4. Address for correspondence:

\_\_\_\_\_ Street address

\_\_\_\_\_ City Postal code

\_\_\_\_\_ Telephone number

\_\_\_\_\_ E-mail address

5. In the table below, please indicate your academic degrees, starting with university.

<b>Degree completed</b>	<b>Institution (name and location)</b>	<b>Year completed degree</b>	<b>Academic field</b>

6. Name of current employer: \_\_\_\_\_

7. Current position: \_\_\_\_\_

8. How many years have you worked in that position? \_\_\_\_\_

9. List titles of studies you conducted in the last five years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. In the table below, please list any reproductive health courses or workshops you attended in the last five years.

Course name	Year	Duration	Organizing institution	Venue of training course

11. Please rate your language proficiency in the table below.

	Excellent	Satisfactory	Poor
Arabic			
English			

12. Please rate your computer knowledge in the table below.

SOFTWARE	ADVANCED	INTERMEDIATE	BEGINNER	NO KNOWLEDGE
Microsoft Windows				
Microsoft PowerPoint				
Microsoft Excel				
Microsoft Word				
Internet				
SPSS				
Qualitative analysis software				

13. How would attending this training workshop help you professionally?

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14. What are your expectations/suggestions for this workshop?

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15. Can you obtain permission of your employer to attend both workshops and be involved in a study on youth reproductive health for six months?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_

16. Please list three reference persons who are familiar with your work.

Name	Position	Contact information

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send completed application form to Dr. Sally Saher via email, fax, or postal mail.

Email address: [youthrh@popcouncil.org](mailto:youthrh@popcouncil.org)

Fax: (02)25255962

Postal address:

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