

ARCAN Application form

Course 7-TOT for TB-HIV Course

HEALTHCARE PROFESSIONALS

A: I. General Applicant's Information

Please read the instructions carefully before completing this application. Complete this form in dark blue or black ink, as we will need to photocopy it. Feel free to continue on an additional sheet if there is not enough space for you to answer some of the questions.

Surname/family name	<input type="text"/>
Forename(s)	<input type="text"/>
Title (e.g. Mr, Mrs, Miss, Ms, Dr)	<input type="text"/>
Date of birth (date/month/year)	<input type="text"/>
Sex (male/female)	<input type="text"/>
Home address	<input type="text"/>
Postcode Country	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail (Applicant must have an email account)	<input type="text"/>
Marital status	<input type="text"/>
Nationality	<input type="text"/>
Current position in organization	<input type="text"/>
Name of employer	<input type="text"/>
Employer's address	<input type="text"/>
Postcode Country	<input type="text"/>
	<input type="text"/>

Sector	Government	NGO	Faith based Organization	Private Sector	Others

Work Place location	Country	Region/Province	District/Woreda	Ward/Kebele

Based on the above, **where is your workplace setting.** Mark only one of the following:

Urban	Sub-urban	Rural
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>

II. About ARCAN Training programs:

How did you find out about this program and ARCAN Project?

Prospectus Advert in Newspaper Website University/College

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Institution Former ARCAN Trained Graduates (ATGs)

<input type="checkbox"/>	<input type="checkbox"/>
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Others-Please specify

B: I. Academic Qualification

Name of University/College	Dates of attendance (year/month)		Acquired Qualification (diploma, BA, MA Or PhD)
	From	To	

Please attach copies of your degree certificate(s), transcript(s) and/or official award letter(s).

II. Proficiency in English-written and verbal

Excellent Good Average Little None

III. Proficiency in Computer Skills including internet

1-Basic knowledge on

- a) Word
- b) Access
- c) Excel
- d) Power point
- e) None

2-Internet:

- a) Surfing
- b) Download programs
- c) Searching for information
- d) None

C: I. Professional Qualification

Please indicate/ list your professional qualification

- Nurse
- Counselor
- Physician
- Lab technician
- TB/HIV program manager
- HIV/AIDS program manager
- Clinician

C.II Professional experience

Please list down your previous professional experience in chronological manner, starting with your most recent post. *(Put employment, Position held, duration and organization/company)*

Employment (full time or part time)	Position	Duration (yrs)		Organization/Company
		From	To	

II. Please state your key duties in your current position

- 1-
- 2-
- 3-
- 4-
- 5-

III. a) Please state your previous experience in training as a trainer and involvement in organizing training activities in TB, TB/HIV, HIV/AIDS, health.

Year	Activity	Duration

b) Experience in using adult training techniques and participatory methods

Year	Activity	Duration	Methods used

IV. Please state your working experience in managing TB, TB/HIV, HIV/AIDS and health (prevention, care and treatments) activities at national/regional/community level/facility level

Year	Activity	Organization	Position

D: I. State your reasons for application.

II. Mention your three (3) major expectations from the TB-HIV TOT course

III.a Mention your major knowledge gap (as individual) regarding TB-HIV collaborative activities

III. b Mention your major knowledge gap (your Institution) regarding TB-HIV collaborative activities

E: Please give details of any disability or medical condition which might necessitate special arrangement or facilitation.

F: Employer's Reference form for ARCAN course

Employers Reference and Agreement Form for Course

Please complete the following form

I am willing to release (candidate's name) from his or her work responsibilities during the ARCAN training course. Work benefits, salary and overall employment will not be affected during the training course.

I understand that he/her will be expected to undertake ongoing training and will report on this training to the employer and will later mainstream/cascade the training acquired at working place and to the community at large and also report to the ARCAN PCU, the Training Institution and to the employer.

We will endeavor as an organization/ employer to support this ongoing training and support him/her through the whole process.

Name **Position.....**

Signature and stamp

Date ____ / ____ / ____

NB: *Employers/ supervisors in this context imply the appropriate person or head of Institution who has the authority to approve your participation and cascading this training .*

G:

I certify that the particulars given on this application form are true.

Signature: _____

Name in full (block letters):

Date: ____/____/2009

Thank you for completing this form. Please send it, along with accompanying material to the address below. We will tell you whether your application has been successful within 2 weeks from the deadline of application (only successful candidates will be contacted). Should you wish to contact us, write or call us on telephone +255-22-277-4298/9, Fax +255-22-2774306, or send your application to the following address:

ARCAN Coordination Unit PO Box 5474 Dar es Salaam, Tanzania. Or send an email to arcan@arcanproject.org

The ARCAN Project is committed to a policy of equal opportunities.