

REGIONAL WORKSHOP ON M&E OF HIV/AIDS PROGRAMS

November 8 – 19, 2010

APPLICATION FORM

(Please type or use block letters. Full name as stated in passport.)

- female
 male

(Title) Mr., Mrs., Ms., Dr. (first and other name) **(FAMILY NAME IN CAPITAL LETTERS)**

Current position/job title _____

Institutional affiliation _____

Institutional mailing address _____

Business telephone _____ Home telephone _____

Facsimile no. _____ E-mail address _____

Nearest airport _____

Country of citizenship _____ City & country of birth _____

Country of legal permanent residence _____ Date of birth _____
 (Month) (Day) (Year)

Country of passport _____ Passport number _____
 (if different than country of citizenship)

Post-Secondary Education (Begin with most recent and include relevant short-term technical or professional training.)

<u>Dates</u>	<u>Institution attended</u>	<u>Major subject</u>	<u>Degree completed</u>

Relevant work experience (Begin with most recent employment, and include all current jobs. Attach additional information on a separate page if necessary.)

<u>Dates</u>	<u>Position/title</u>	<u>Employer</u>	<u>City/country</u>

Describe your present duties and responsibilities, including both teaching and research, with specific emphasis on work-related monitoring and evaluation activities:

List all program monitoring and evaluation experience (both job and non-job related consultancies)

Name of program	Funding source	Applicant's role in M&E effort	Date written/published	Location Written/published

Are you primarily involved in monitoring and evaluation at the (check one):

1. ___ National level
2. ___ Provincial / regional level
3. ___ District level
4. ___ Sub-district level
5. ___ Other(i.e., project level)

In which type of organization do you currently work?

1. ___ Donor organization
2. ___ Non-governmental organization
3. ___ Governmental organization
4. ___ Other (i.e. Private consultancy, Research organization)

How many years in total have you been working professionally?

No. of years working professionally: _____

Have you ever prepared an M&E plan, alone or with colleagues, before attending this workshop?

Yes _____ No _____ Other comment: _____

Have you been involved with actual implementation of *monitoring* activities before attending this workshop?

Yes _____ No _____ Other comment: _____

Have you ever worked on an *impact evaluation*, in other words, an evaluation to measure “cause and effect” of the program?

Yes _____ No _____ Other comment: _____

For how many years have you been doing M&E in your work?

No. years of M&E experience: _____

List your publications, particularly in field relevant to the workshop. (*If necessary, place on separate sheet.*)

<u>Title of publication</u>	<u>Date, where published</u>

List below any scholarships, fellowships, grants, contracts, or other awards you have received, including grants to attend international conferences, workshops, or seminars. Please specify which if any awards are current, and indicate expiration dates.

For our records, please tell us how you heard about this workshop:

1. ___ Public Health Foundation of India (PHFI)
2. ___ Communication/brochure from PHFI
3. ___ MEASURE Evaluation website
4. ___ Communication/ brochure from MEASURE Evaluation
5. ___ AIMENet listserv
6. ___ Your employer or colleagues at your workplace
7. ___ Other (please specify) _____

One reference (form enclosed) must be submitted in support of your application. Please list below the name of the referee you have selected. **Reference should be received by August 13, 2010.**

Name	Position/Institution	Date you requested reference

Date _____ Signature of applicant _____

Name and title of nominating official (usually a department head or immediate supervisor) *(Please print.)*

Signature of nominating official _____ Date _____

Completed applications, including required completed supplemental statements, should be received by **August 13, 2010**. Send the completed application by airmail directly to:

Dr. Abhay Saraf, Public Health Foundation of India (PHFI)

Institute for Studies in Industrial Development Campus, Plot No. 4, Institutional Area

Vasant Kunj, New Delhi -110070, India. Tel : + 91 11 49566000 (Extn. 6003) Fax: +91 11 49566063

E-mail: metraining@phfi.org

Please be certain that the following materials are enclosed:

- Application
- Funding Form
- Workshop Statement

REGIONAL WORKSHOP ON M&E OF HIV/AIDS PROGRAMS

November 8 – 19, 2010

FUNDING FORM

(must be submitted with application form.)

Note: All applicants are expected to seek funding from their home organizations or governments or from outside funding agencies. Available funding for participant costs is limited.

PLEASE TYPE OR PRINT CLEARLY

Name of applicant _____

I will be funded by the following sponsoring agency:

Contact person/Title _____

Name of funding organization _____

Mailing address _____

Telephone _____ Facsimile no. _____

E-mail address _____

I have applied for funding from _____

(Name of funding agency-list all agencies to which you have applied)

I would like to be considered for a MEASURE Evaluation fellowship

I am still seeking sponsorship and would like my application to be considered.
(Please forward confirmation of funding to PHFI upon notification from sponsor.)

I will be funded by family or friends or self-funded.

ESTIMATED WORKSHOP EXPENSES;

Tuition and fees (includes accommodation, partial board – breakfast daily and lunch on weekdays and round trip airport transfers), but **not including airfare and visa fees** US\$ 6,200

REGIONAL WORKSHOP ON M&E OF HIV/AIDS PROGRAMS

November 8 – 19, 2010

Workshop Statement

(must be submitted with application form)

Name of Applicant _____

Please describe your relevant education, research, and/or work experience, and indicate how participation in the workshop will benefit your future work. (Use additional sheets if necessary). If you are using a word processor, you may place your entire statement on a separate sheet attached to this form.

REGIONAL WORKSHOP ON M&E OF HIV/AIDS PROGRAMS

November 8 – 19, 2010

REFERENCE FORM

CONFIDENTIAL

TO BE COMPLETED BY APPLICANT

Name of applicant _____

The candidate named above has applied for the *Regional Workshop on Monitoring and Evaluation of HIV/AIDS*. The workshop has been designed to build the capacity of professionals with skills on monitoring and evaluation of HIV/AIDS programs. It would be helpful to us in selecting candidates to have your evaluation of the applicant on the questions listed below. **Under no circumstances should the completed form be returned to the applicant.**

References should be received by **August 13, 2010** at the following address:

Dr. Abhay Saraf
Public Health Foundation of India (PHFI)
 Institute for Studies in Industrial Development Campus, Plot No. 4, Institutional Area
 Vasant Kunj, New Delhi -110070, India.
 Tel : +91 11 49566000 (Extn. 6003) Fax: +91 11 49566063
 E-mail: metraining@phfi.org

TO BE COMPLETED BY REFEREE

1. How long have you known the applicant? _____
2. How well and in what capacity do you know the applicant? _____
3. Please rate the applicant in terms of each of the following (*one checkmark for each row*):

	Exceptional	Well above Average	Above average	Average	Below average	Unable to judge
Leadership						
Creativity						
Initiative						
Professional Experience						
English language ability (if not a native speaker of English)						
Self-expression						
Overall intellectual ability						

4. What are the applicant's special academic/professional strengths and weaknesses?

5. What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?

6. Has the applicant shown noteworthy qualities of leadership in the organization and execution of research projects or other work? If so, please cite examples.

7. Please describe one or two projects relevant to the workshop in which the applicant has participated and indicate his or her role in those projects.

8. Do you recommend the applicant for this workshop on Monitoring and Evaluation of Population and Reproductive Health Programs?

- | | |
|---|---|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with reservation | <input type="checkbox"/> Do not recommend |

9. Any additional comments?

Signature _____ Date _____

Name and Position/Title (*Please print.*) _____

Complete Mailing Address (*Please include fax number and e-mail.*) _____
