 

**WHO-SEARO REGION**

**RESEARCH FELLOWSHIP PROGRAMME[[1]](#footnote-1)**

**ON**

***STRENGTHENING GENDER EQUITY AND INTERSECTIONALITY IN HEALTH POLICY AND SYSTEMS RESEARCH***

**APPLICATION FORM FOR FELLOWSHIP**

**Application Deadline: 31st July 2019 (11.59 PM Indian Standard Time)**

**GUIDELINES:**

* All information should be typed.
* Each part of the form should be answered completely and accurately.
* Duly filled application forms to be emailed to [rmi@phfi.org](mailto:rmi@phfi.org) .
* Declaration form (enclosed) should be signed, scanned, converted to PDF, and sent by email to [rmi@phfi.org](mailto:rmi@phfi.org) .

**Background information of the Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last name (surname) (CAPITAL LETTERS)  First  Middle name | | | | | Nationality  Current:  Previous (if applicable): |
| **Passport Details**  Country of Issue:  Date of Expiry:  Passport Number: | | | | | |
| **Occupation (Insert ‘🗸’ where appropriate)** | | | | | |
| Medicine | | Allied Health | | Public Health | |
| Nursing | | Humanities and Social Sciences | | Administrative/Management | |
| Environmental science | | Law | | Nutrition | |
| Lab Science | Others (Please Specify) | | | | |
| **Permanent address**  Building Number:  Street:  Neighbourhood:  District/Province:  Country:  Postal Code:  **Telephone Number** (with ISD/STD)  Res:  Office:  **Cell Number** with Country Code:  **E-mail:** | | | | | |
| **Skype id:** | | | | | |
| **Mailing address**  Building Number:  Street:  Neighbourhood:  District/Province:  Country:  Postal Code:  **Telephone Number** (with ISD/STD)(if different from above)  Res:  Office:  **Cell Number** with Country Code:  **E-mail (Alternate):** | | | | | |
| **Date of birth (day month year)** | | | **Country and Place of Birth** | | **Gender** |
| **Person to notify in case of Emergency**  **Name:**  **Relation:**  **Address:**  **Telephone Number (With ISD/STD)**  **Office:**  **Home:**  **Cell Number with Country code:**  **Email id:** | | | | | |

**Languages (Insert ‘🗸’ where appropriate)**

Mother tongue:

Language Fluency

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Read** | | **Understand (spoken)** | | **Speak** | | **Write** | |
| Easily | Not easily | Easily | Not easily | Fluently | Not fluently | Easily | Not easily |
| **English** |  |  |  |  |  |  |  |  |
| **Other languages** |  |  |  |  |  |  |  |  |
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**Computer and other software skills (Insert ‘🗸’ where appropriate)**

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| --- | --- | --- | --- |
|  | **Highly proficient** | **Working knowledge** | **Don’t know** |
| Word/ODT |  |  |  |
| Excel/Spreadsheet |  |  |  |
| Power point/ODP |  |  |  |
| Internet |  |  |  |
| Data Analysis |  |  |  |
| **Quantitative Data Analysis Software (R, SPSS, etc.)** |  |  |  |
| **Qualitative Data Analysis Software (NVivo, Atlas.ti etc.)** |  |  |  |
| **Any others (Specify)** |  |  |  |

**Details of Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree/Diploma starting with most recent | Subject | Year of graduation | Institution |
|  |  |  |  |
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**Present/Most Recent Employment**

|  |
| --- |
| Name and address of employer:  Years of service- From: To:  Title of post:  Work Responsibities:  Name of supervisor:  Title: |

|  |
| --- |
| **Statement of purpose specifying why you are interested in this fellowship, and how it will contribute to the development of your research skills. What do you plan to do after the fellowship? (Max 500 Words)** |
|  |

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| --- |
| **Description of a potential research problem and how you might go about addressing it. Please be sure to specify your objectives, research questions and possible methods of data collection and analysis. (Max 500 words)** |
|  |

**Source of information about this Fellowship (Insert ‘🗸’ where appropriate)**

|  |  |
| --- | --- |
| **PHFI** | **UNU-IIGH** |
| **WHO/AHPSR** | **WHO-SEARO** |
| **Social media** | **Friends/Colleagues** |
| **Forwarded by my Organisation (Name the organisation)** | **Others** |

**Names of Referees**

|  |  |
| --- | --- |
| Note: Referees should not be related to the candidate, and should be able to provide information on his /her academic record/work experience. Referees should send their letters of reference **directly** to [rmi@phfi.org](mailto:rmi@phfi.org) with subject: RMI Application\_<Name of Candidate>\_Reference Letter | |
| **Referee 1** | **Referee 2** |
| **Name** | **Name** |
| **Designation and Institution** | **Designation and Institution** |
| **Office Address** | **Office Address** |
| **Telephone Number** | **Telephone Number** |
| **Email id:** | **Email id:** |

**Declaration form**

**(To be printed, signed, scanned, converted to PDF, and emailed to rmi@phfi.org)**

**List of documents submitted**

1. A completed application form
2. A photograph in jpeg format
3. A detailed CV with description of research and work experience
4. Copies of research outputs and publications
5. Declaration Form

All of the above have been emailed directly by me to [rmi@phfi.org](mailto:rmi@phfi.org).

1. Two reference letters emailed by referees directly to [rmi@phfi.org](mailto:rmi@phfi.org)
2. A TOEFL/IELTS academic score emailed by TOEFL/IELTS directly to [rmi@phfi.org](mailto:rmi@phfi.org)

**Candidate’s statement**

I certify that the information provided by me in documents 1 to 5 above is complete and accurate.

Candidate’s Name:

Signature:

Date and Place:

1. *This programme receives financial support from the Alliance for Health Policy and Systems Research. The Alliance is able to conduct its work thanks to the commitment and support from a variety of funders. These include long-term core contributors from national governments and international institutions, as well as designated funding for specific projects within current priorities. For the full list of Alliance donors, please visit:*<https://www.who.int/alliance-hpsr/partners/en/> [↑](#footnote-ref-1)