

# ANALYSING DISRUPTED HEALTH SYSTEMS IN COUNTRIES IN CRISIS

EGYPT, 27 NOVEMBER - 8 DECEMBER 2011

## APPLICATION FORM

Please complete this form and send by email: to [eha@emro.who.int](mailto:eha@emro.who.int).

Personal Information	
<u>Surname (last name):</u>	
<u>Name (first name)</u>	
<u>Gender:</u>	
<u>Profession:</u>	
<u>Present address:</u>	
<u>Telephone / Fax:</u>	
<u>E-mail:</u>	
<u>Date, Place, Country of Birth:</u>	
<u>Nationality (ies):</u>	

Educational and Professional Qualifications			
	<u>Qualification / Title</u>	<u>Issuing body</u>	<u>Date of award</u>
1			
2			
3			

On the next page, please explain your motivation to attend this course (maximum of 300 words).

Please, fill the form on the last page, on you current and past professional experiences (up to five) without exceeding the space allocated.

Motivation to attend this course (maximum of 300 words)

### Professional Experience

Please list no more than 5, starting from the current or the most recent one.

1

From	To date	Job Title :
Month/Year		Duty station: Employer
MAIN DUTIES AND ACTIVITIES		

2

From	To	Job Title :
Month/Year	Month/Year	Duty station: Employer:
MAIN DUTIES AND ACTIVITIES		

3

From	To	Job Title :
Month/Year	Month/Year	Duty station: Employer:
MAIN DUTIES AND ACTIVITIES		

4

From	To	Job Title :
Month/Year	Month/Year	Duty station: Employer:
MAIN DUTIES AND ACTIVITIES		

5

From	To	Job Title :
Month/Year	Month/Year	Duty station: Employer:
MAIN DUTIES AND ACTIVITIES		

*Declaration: I confirm that I satisfy the course entry criteria as indicated in the course prospectus, and that this application has the support of my sponsoring / employing agency.*

**SIGNATURE**

**DATE:**