

PARTNERING FOR HEALTH PROFESSIONALS TRAINING IN AFRICAN UNIVERSITIES



SCHOLARSHIP APPLICATION FORM

APPLICATION DEADLINE: **15th FEBRUARY, 2019**

Please send this form plus necessary attachments (as one pdf document) by e-mail to:

E-mail: p4hpt@chs.edu.gh

This project has been funded with support from the European Commission



**INTRA-ACP
MOBILITY**



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APPLICATION SUBMISSION CHECKLIST

PLEASE CHECK (✓) TO CONFIRM THAT DOCUMENT DESCRIBED IS ATTACHED. NOTE THAT UNCOMPLETED APPLICATIONS WILL NOT BE CONSIDERED

CHECKLIST	YES	NO	N/A
Application form completed with information on all mandatory fields (*) provided signed by the Applicant.			
Current updated CV (3 pages Max)			
Scanned certified copy of biometric page of passport or any other proof of nationality			
Certificate of the obtained degree and transcript of records			
References or Letters of Recommendation			
Research Plan (for PhD Candidates only)			
Additional documents (optional) - Specify			

INSTRUCTIONS FOR COMPLETION OF THIS FORM

- I. **Before you apply, carefully read the GUIDELINES for application.**
- II. **The form is in eight sections named A – H. Applicants must provide information for all sections**
- III. **Questions/fields marked * are mandatory and applicants must ensure they complete these . Failure to provide required information in mandatory fields may lead to the withdrawal of the application from being reviewed.**
- IV. **Applicants must attach all listed documents stated in ‘SECTION I’ to this document and save as a single PDF document for submission.**
- V. **Completed application forms with attached documents must be emailed to p4hpt@chs.edu.gh with email subject - "2017 P4HPT APPLICATION - (Applicant's name)"**
- VI. **All questions/inquiries regarding this application should be sent via email to feyanumu@ug.edu.gh . Other details (guidelines for application etc.) can be found at the project website; www.ug.edu.gh/p4hpt**

A. PERSONAL DETAILS

APPLICANT'S DETAILS

1. Surname / Family Name *

2. Forenames/Given Names *

3. Gender (Male / Female) *

4. Date of Birth (dd/mm/yyyy) *

5. Place of Birth *

6. Country of Birth*

7. Nationality/Citizenship *

8. Type of ID Issued by Home Country
(National ID / Passport) *

9. ID/ Passport Number *

10. **Current Address**

Address Line 1 *

Address Line 2

City *

Country *

11. **Contact Details**

Telephone *

Primary E- mail *

Alternate E-mail

Additional Information

12. How did you get to know about the p4hpt project? *

13. Do you currently benefit from any other source(s) of funding? * Yes / No

If **YES**, please specify the type of mobility undertaken (e.g.: master studies) and the name of the project in which you have participated:

13a. Type of Mobility

13b. Project Name

14. Have you applied at the same time to other financial support (project funded by the European Union or other)? * Yes/ No

15. Other funding

16. Are you in a particularly vulnerable socio-economic situation? * Yes/ No

17. If **YES**, please specify

18. Do you have any physical disability? * Yes / No

19. If **YES**, please specify which one

B. DETAILS OF HOME UNIVERSITY

Name of home university *

Faculty/ school *

Department *

Course of Study at home university

Name of contact person *

Position of the contact person *

E-mail of the contact person *

C. ACADEMIC QUALIFICATIONS

Provide details of your highest academic qualification.

Academic Degree Awarded (Undergraduate, Honours, Master, Postgraduate, PhD) *

Title of Degree *

Institution *

Country *

Month *

Year *

Grade obtained (FGPA or Final Mark) *

Maximum Grade (FGPA or Final Mark) *

Provide details of other relevant qualification

Academic Degree Awarded (Undergraduate, Honours, Master, Postgraduate, PhD)

Title of Degree

Institution

Country

Month

Year

Grade obtained (FGPA or Final Mark)

Maximum Grade (FGPA or Final Mark)

D. EMPLOYMENT AND EXPERIENCE

Do you have any employment experience * Yes /No

If **YES**, please describe your employment experience

Current Position

Name of Employer

Location

Describe briefly your main responsibilities (max. 200 words)

E. LANGUAGE SKILLS/PROFICIENCY

Indicate the language(s) you understand and rank your level of understanding (listening, reading, writing and speaking) on the scale of 1 - 5 (where 1- Very Poor, 2 - Poor, 3 - Average, 4 - Good, 5 - Very Good):

Language*	Listening	Reading	Writing	Speaking

F. PUBLICATIONS

Please indicate your scientific publications, if any giving priority to those most related to your study programme. The references must include: **Authors, Title, Publisher, Year, City, Page Number and other relevant bibliographical data.**

G. HOST UNIVERSITY AND STUDY PROGRAMME

Please indicate your proposed Host Institution and the main aspects of your proposed study programme.

Choice of Host Institution* (Univ. of Ghana, Makerere Univ., Uganda Martyrs Univ., Stellenbosch Univ., Univ. of Nairobi, Moi University)

Type of training (Doctoral, Master) *

Course of Study* (Refer to application guidelines, ensure selected course corresponds with chosen institution)

Duration of the requested scholarship (in months) *

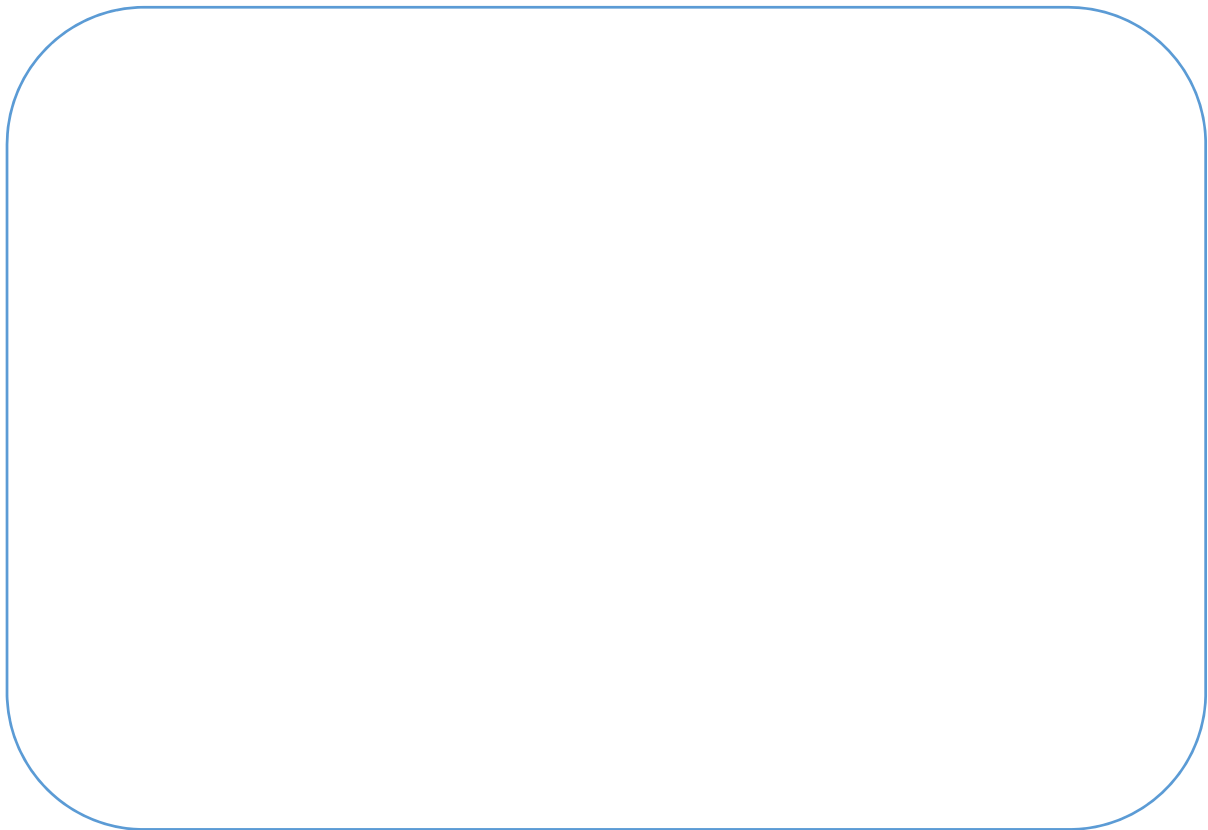
Field of study (Anatomy, Applied Health, Dental Surgery, Health Research Ethics, Health Services Management, Microbiology, Pathology, Public Health, Virology) *

H. MOTIVATION AND ADDED VALUES

Please state **briefly** the main reasons why you wish to participate in this project, as well as the added value you perceive to be attached to your study programme.

I. Why have you chosen this field of study/subject area? (Max 200 words) *

- II. Please describe **briefly** the impact of your study programme on the development of your professional activity (max 200 words). *



I. ADDITIONAL DOCUMENTS

ATTACH the following to this application form as ONE DOCUMENT in PDF

1. Scanned certified copy of biometric page of passport or any other proof of nationality *
2. Certificate of the obtained degree and transcript of records *
3. Current updated CV (3 pages Max)*
4. References or Letters of Recommendation *
5. Research Plan (for PhD Candidates only)
6. Additional documents (optional)