|  |  |  |
| --- | --- | --- |
| **­Contact Information** | | |
| Full Name | First name(s): Last name: | Date: |
| Address |  | |
| Phone: | Work: Mobile: | |
| E-Mail Address |  | |

|  |  |
| --- | --- |
| **Employment Information** | |
| Current job title |  |
| Work Station |  |
| Summary of responsibilities |  |
| Employer Name & Address |  |
| Service level (check one) | Hospital  District  Regional  Ministry of Health  Ministry of Agriculture |
|  | |
| **Education Information** | |
| College/University | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_ to\_\_\_\_\_\_  Did you graduate? Yes No Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Education | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_\_  Did you graduate? Yes No  Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did you complete FETP Frontline? | Yes  No |
| Describe any additional training in epidemiology and/or public heath you have received: |  |
| **Computer Self-assessment** | |
| Overall Proficiency | Basic  Intermediate  Advanced |
| Excel Experience | None  Basic  Intermediate  Advanced |
| Word Proficiency | None  Basic  Intermediate  Advanced |
| PowerPoint Proficiency | None  Basic  Intermediate  Advanced |
| Do you have access to a laptop? | Yes  No |
| Do you regularly connect to the internet? | Yes  No |
| Briefly describe how you use computers in your daily work |  |

|  |
| --- |
| **Describe why you would like to enroll in the FETP Intermediate Program Using the space below** |
|  |

|  |  |
| --- | --- |
| **Employer’s Recommendation** | |
|  | |
| Supervisor’s Name: | Supervisor Signature |
| Supervisor’s Title: | Official Stamp |