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

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| **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  |  |

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| **Describe why you would like to enroll in the FETP Intermediate Program Using the space below** |
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| **Employer’s Recommendation** |
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| Supervisor’s Name: | Supervisor Signature |
| Supervisor’s Title: | Official Stamp |