



**IMPORTANT PREPARATION**

Before filling this form, please note the requirement for medical clearance, and the commitment you need to sign on page 4. Please answer all questions clearly and completely, in a language of the study. Accurate and detailed answers are required to ensure the most appropriate study arrangements. Incomplete or poor filling of this form may put your application in jeopardy.

Incorrect information can lead to termination of fellowship.

Submit the completed and **signed** form with all necessary attachments (i.e. **certified true copy of transcript of records, diplomas, certificates**) to the respective WHO Country Office no later than **4 months prior** to the commencement of the study course or study tour.

Attach recent photograph here

**1. PERSONAL DATA** (please complete on computer, type or print clearly in black ink)

1) Family Name (Surname) First/other names Dr Mr Mrs Miss Ms

2) City and country of birth	Nationality	Date of Birth (day/month/year)	Age	Marital status	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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3) Mailing Address  City/Town Postal Code	Office telephone Office fax E-mail address
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4) Home Address	Home telephone Home fax E-mail address
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5) Name and address of person to be notified in case of <b>emergency</b>  Office telephone Fax	Relationship  Home telephone Fax  E-mail address
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**2. LANGUAGE ABILITY** (ensure the information that you provide is correct) **MOTHER TONGUE:**

1) For language(s) other than mother tongue enter below the appropriate letter from the code system at right to indicate your level of skill.  
**Note that you may be required to take a language proficiency test.**

Language (e.g. English, Spanish)	Understand	Speak	Read	Write

**Understanding of spoken language**  
 A I understand at the level of university discussion  
 B I understand at the level of normal conversation  
 C I understand simple daily usage

**Speaking ability**  
 A I speak at the level of university discussion  
 B I speak well enough to engage in normal conversation  
 C I speak adequately to meet limited social needs

**Reading ability**  
 A I can read without difficulty all technical materials in my field  
 B I can read with some difficulty all technical materials in my field  
 C I can read newspaper articles and similar materials

**Writing ability**  
 A I can write technical papers and reports easily  
 B I can write technical reports with some difficulty  
 C I can write ordinary correspondence

**3. FELLOWSHIP(S) PREVIOUSLY TAKEN** *(ensure the information that you provide is correct)*

Indicate any fellowship(s) which you were previously awarded.

Dates (From/To)	Awarding body	Place of study	Field of study	Language used

**4. EDUCATION** *(ensure the information that you provide is correct)*

Provide full details in chronological order. Give the exact name of the institution and title of degrees/certificates/diplomas. Exclude primary/secondary schools(s) if you have a university qualification or equivalent. Include courses and postgraduate studies in your professional or related fields.

Dates (From/To)	Institution (name, city and country)	Qualification obtained	Major fields of study	Language used

**5. EMPLOYMENT RECORD** *(ensure the information that you provide is correct)*

Beginning with your present post, provide precise details of your responsibilities and activities and describe what you are doing (supervising, planning, training, etc.). Give particular attention to any duties which relate to your qualifications for this fellowship or to your need for the further study proposed.

a. Present Post	From:	To: Present	List your specific duties
Title of your post Name and address of employer Name and address of supervisor Type of employment <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Other			
b. Previous Post	From:	To:	List your specific duties
Title of your post Name and address of employer Name and address of supervisor Type of employment <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Other			

c. Preceding Post	From:	To:	List your specific duties
Title of your post Name and address of employer Name and address of supervisor Type of employment <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Other			
<b>6. If you are currently involved in any of technical cooperation with WHO, please indicate name(s) of the programme or project:</b> .....			
<b>7. PROPOSED FIELD or SUBJECT of STUDY and YOUR OBJECTIVES for this REQUESTED FELLOWSHIP</b>			
1) Field or subject of study ..... Duration ..... 2) Objectives of study a) b) c)			
<b>8. List one or more institutions, in order of priority, where you believe the fellowship objectives outlined in item 7(2) can be best achieved.</b>			
Country:	Language of study programme: This is my mother tongue: <input type="checkbox"/> Y / <input type="checkbox"/> N		Duration of proposed study <input type="checkbox"/> W / <input type="checkbox"/> M / <input type="checkbox"/> Y
Institution (include address and name of proposed host, if known)		Have you contacted the institution? (Please attach related correspondence and/or other documents)	
<b>9. WHAT DO YOU PROPOSE TO DO AFTER COMPLETION of this REQUESTED FELLOWSHIP?</b>			
1) Based on your objectives as stated above, please indicate what you plan to do on completion of your fellowship study. Explain the practical use you expect to make of your studies on your return home and the responsibilities you expect to assume:			

How will it contribute to health development in your country?

- 2) Indicate which service, programme or project in your country will benefit from the knowledge and skills you propose to acquire. Note in particular contributions to Primary Health Care or progress on Universal Health Coverage in your country.

#### 10. START OF FELLOWSHIP

- 1) Give the earliest date you could start if awarded a Fellowship. ....
- 2) Is there any definite period you cannot be absent from your country? .....

#### 11. COMMITMENTS

I am aware that if I am awarded a WHO fellowship, the World Health Organization will organize travel and make arrangements with the countries and/or institutions concerned. I will carefully read and fully comply with the rules summarized in the **“WHO Fellowship information booklet”** available online at: <http://www.wpro.who.int/hrh/about/fellowships/en/>

I agree to return to my home country immediately at the end of my fellowship to work in my national health services or administration, or a technical institution approved by the administration, for a period as indicated in the fellowship booklet.

However, in the event that I do not return home and fulfil my obligations, I agree to fully reimburse WHO for the total cost of my fellowship. In this case, I agree to allow my employer to progressively pay the required amounts directly to WHO from my salary. I recognise that this is a serious commitment.

I sign here to make these commitments.

.....  
(Signature of Fellow)

.....  
(Date)

#### 12. MEDICAL CERTIFICATE

To be completed by a registered medical practitioner designated by the appropriate administrative authority after a rigorous clinical and laboratory examination, including a chest X-ray. The Organization requires that a medical examination shall have taken place within four months of the starting date of the fellowship and may therefore request the candidate to undergo a further medical examination before taking up his/her fellowship. The medical practitioner should attach a separate letter informing WHO if the candidate has a health condition that might require special assistance and/or treatment while in the country of study. Such information will assist WHO in preparing the most appropriate programme of study on behalf of the candidate.

On the basis of a thorough clinical examination and laboratory test, including a chest X-ray, **I hereby certify that in my professional judgment**

.....  
(Print full name of applicant)

.....  
(Applicant's age)

- is in good physical and mental health and is capable of carrying out an intensive programme of study away from home;
- is free of any chronic condition or disease which might interrupt his/her studies;
- is free of any serious infectious disease which could present risks for his/her contacts during the fellowship.

*Ensure required documents are attached*

(Medical practitioner's Signature) (Date)

(Print your full name and your medical position)

(Print your full contact address)