|  |  |
| --- | --- |
| AFRICA CENTRE OF EXCELLENCE IN PUBLIC HEALTH AND HERBAL MEDICINE (ACEPHEM) AND RESEARCH AND TRAINING CONSULTANCY INTERNATIONAL (RTCI) | |
| Name of Workshop Applied for: Research Proposal | |
| EITHER TYPE IN THE SHADED AREAS OR PRINT THE FORM OUT AND COMPLETE IN BLACK INK | |
| **Please complete all sections** | |
| **PERSONAL DETAILS** | |
| Date: | |
| Surname/Family Name | Title: |
| All other Names) | Gender: |
| Nationality (if dual give both) | Country of birth: |
| Correspondence address (please write clearly if faxing)  Country: | |
| Preferred Telephone:  Additional Telephone:  Fax:  Preferred e-mail:  Additional e-mail: | |
| **COURSE DATE:** | |
| Course applied For: Research Proposal development | |
| **EDUCATION/TRAINING BACKGROUND** | |
| Level of Study:  Stage of study (which stage at proposal development):  Year of study:  Degree of study:  Challenging areas (two most challenging areas): | |
| Current Job Title:  Responsibilities | |
| **FURTHER INFORMATION** | |
| How did you learn about the ACEPHEM Course?  ACEPHEM Website  Staff Member Name:  Other Specify-------------------------------------------------------------- | |
|  | |
| **COURSE EXPECTATIONS**  What are your expectations for the course? | |