

Regional Capacity-Building Workshop for TB Champions for Anglophone and Lusophone AFRICA

7-9 July 2017

Accra Ghana

APPLICATION FORM

1. PERSONAL DETAILS

First Name:	Middle Name:	Last Name:
Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Nationality:
Email ID:	Telephone Number:	Fax Number:
Based in: (City, State, Country)		
English language skills: On a scale of 1-5 (1 being the lowest and 5 being the highest), please rate your English language skills: Read: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Write: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Speak: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Understand 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

Are you currently associated with any organization that works on TB or other public health issues? If so, please describe your association.

Are you currently part of a national/ regional/ global coalition? If so kindly describe the same and elaborate on your role and contribution.

Have you previously attended any similar workshops on TB/advocacy/capacity-building etc.? If yes, please describe the workshop, whom it was organized by, when it was held and any other relevant information.

On being affected by TB:

Have you had TB?

Yes ☐ No ☐

If yes, please choose from the following two options:

I'm a TB survivor and have had TB in the past.

Yes ☐ No ☐

When did you have TB? (Year)

I have TB and am currently on treatment

Yes ☐ No ☐

I have not had TB but a close family member was affected by TB

Yes ☐ No ☐

Close family member who had TB

Spouse ☐ Parent ☐ Child ☐

2. STATEMENT OF MOTIVATION

Please tell us why you want to attend this workshop. Your response should be at least 500 words in length and must address the following questions. You can attach this section separately if you prefer.

- Why are you applying for this workshop? What is it that motivates you?**
- If chosen for this opportunity, is there a specific TB-related issue that you would like to focus on and advocate for?**
- How do you plan to utilise your learnings from the workshop and whom will you address/advocate to?**

Do you think a Regional Coalition of TB people is needed in Africa? Why?