

**INTERNATIONAL WORKSHOP ON
IMPACT EVALUATION OF POPULATION, HEALTH AND NUTRITION PROGRAMS
July 24 - August 4, 2017**

APPLICATION FORM

Photo
(double click to attach)

(Please type or use block letters. Full name as stated in passport.)

(Title) Mr., Mrs., Ms., Dr. (first and other name) (FAMILY NAME IN CAPITAL LETTERS)

Surname

☐ Male

☐ Female

Current position/job title

Institutional affiliation

Institutional mailing address

Business telephone

Eg. +(251)- 116- 180000

Home telephone

Eg. +(251)- 116- 180000

Fax no.

Eg. +(251)- 116- 180000

E-mail address

Nearest airport

Country of

Country of legal permanent residence

Date of birth

Eg. Oct-12-1783

Country of passport

If different than country of citizenship

Passport number

Describe your present duties and responsibilities, including both teaching and research, with specific emphasis on work-related monitoring and evaluation activities:

Are you primarily involved in monitoring and evaluation at the (check one):

- ☐ 1.National level
☐ 2.Provincial/regional level
☐ 3. District level
☐ 4.Sub- district level
☐ 5.Other (i.e project level)

In which type of organization do you currently work?

- ☐ 1. Donor organization
☐ 2. Non-governmental organization
☐ 3. Governmental organization
☐ 4. Academic institution
☐ 5. Other (i.e Private consultancy, Research organization)

Post-Secondary Education (Begin with most recent and include relevant short-term technical or professional training.)

<u>Dates</u>	<u>Institution attended</u>	<u>Major Subject</u>	<u>Degree completed</u>
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Relevant work experience (Begin with most recent employment, and include all current jobs.)

<u>Dates</u>	<u>Position/title</u>	<u>Employer</u>	<u>City/country</u>
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List all program monitoring and evaluation experience (both job and non-job related consultancies). Indicate those that included an impact evaluation.

<u>Name of program</u>	<u>Funding source</u>	<u>Applicants role in M&E effort</u>	<u>Date written or published</u>	<u>Place of publication</u>
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How many years in total have you been working professionally ?

No. of years working professionally

Have you ever prepared an M&E plan, alone or with colleagues, before attending this workshop?

☐ Yes

☐ No

other comment

Have you been involved with implementation of monitoring activities before attending this workshop?

☐ Yes

☐ No

other comment

Have you ever worked on an impact evaluation, in other words, an evaluation to measure "cause and effect" of the program?

☐ Yes

☐ No

other comment

For how many years have you been doing M&E in your work? (write No. of years)

For our records, please tell us how you heard about this workshop(check all that apply):

☐ 1.Addis Continental Institute of Public Health (ACIPH) Website

☐ 2.Communication/brochure from ACIPH

☐ 3.MEASURE EVALUATION website

☐ 4. Communication/brochure from MEASURE Evaluation

☐ 5.Your employer or colleagues at your workplace

☐ 6 .Other (please specify)

One reference (form enclosed) must be submitted in support of your application. Please list below the name of the referee you have selected. Reference should be received by **May 26, 2017**.

Name

Position/
Institution

Date

Signature of applicant

Date

Name and title of nominating official (usually a department head or immediate supervisor) (please print)

Signature of nominating
official

Date

Completed applications should be sent by **May 26,2017** by E-mail directly to:

Meskerem Teshome

Executive Officer

Addis Continental Institute of Public Health

E-mail:shorttraining.aciph@gmail.com

Please be certain that the following materials are enclosed:

☐ Application

☐ Funding Form

☐ workshop statement

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FUNDING FORM

(must be submitted with application form.)

Note: All applicants are expected to seek funding from their home organizations or governments or from outside funding agencies. Available funding for participant costs is limited.

PLEASE TYPE OR PRINT CLEARLY

Name of applicant

☐ **I will be funded by the following sponsoring agency:**

Contact person/Title

Name of funding organization

Mailing address

Telephone

Fac simile no.

E-mail address

☐ **I have applied for funding from**

(Name of funding agency-list all agencies to which you have applied)

☐ **I wish to be considered for a bursary from 3ie**

☐ **I am still seeking sponsorship and would like my application to be considered**

(Please forward confirmation of funding to ACIPH upon notification from sponsor)

☐ **Self- funded**

WORKSHOP PACKAGES *(Indicate the one you are applying for)*

☐ **FULL PACKAGE:** Tuition for the workshop USD 4330 covers workshop course materials, accomodation including breakfast, lunch during workshop days, shuttle to and from workshop venue to the hotel as well as to and from the airport

☐ **PARTIAL PACKAGE:** Tuition for the workshop USD 2200 covers workshop course materials , refreshment and lunch during workshop days.

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Workshop Statement

(Must be submitted with application form)

Name of Applicant

Please describe your relevant education, research, and/or work experience, and indicate how participation in this workshop on impact evaluation will benefit your future work. If you are using a word processor, you may place your entire statement on a separate sheet attached to this form. Page limit: 1 (max 250 words)

Completed statement must be sent by **May 26, 2017** by E-mail directly to:

Meskerem Teshome

Executive Officer

Addis Continental Institute of Public Health

Email: shorttraining.aciph@gmail.com