**International Workshop on**

**Qualitative Methods in Public Health Evaluation**

**September 20–29, 2018**

**Pretoria, South Africa**

## Application Form

Please complete and return by August 20, 2018 (deadline extended)

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

* Female

 ❑ Male

 ❑ Other

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

Current position/job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Business telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest airport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & country of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of legal permanent residence \_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Month) (Day) (Year)

Country of passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(if different than country of citizenship)*

**Postsecondary education *(Begin with most recent and include relevant short-term technical or professional training.)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Institution attended** | **Major subject** | **Degree completed** |
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**Relevant work experience *(Begin with most recent employment and include all current jobs. Attach additional information on a separate page if necessary.)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Position/title** | **Employer** | **City/country** |
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Describe your present duties and responsibilities, including both teaching and research, with specific emphasis on work-related monitoring and evaluation activities:

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List all qualitative evaluation experience (both job and non-job-related consultancies).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of program | Funding source | Applicant’s role in M&E effort | Description of qualitative methods used | Date/location written/published |
|  |  |  |  |  |
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Are you primarily involved in monitoring and evaluation at the (check one):

1. \_\_\_\_ National level

2. \_\_\_\_ Provincial/regional level

3. \_\_\_\_ District level

4. \_\_\_\_ Subdistrict level

5. \_\_\_\_ Other (e.g., project level)

In which type of organization do you currently work?

1. \_\_\_\_ Donor organization

2. \_\_\_\_ Nongovernmental organization

3. \_\_\_\_ Governmental organization

4. \_\_\_\_ Other (e.g., private consultancy or research organization)

How many years in total have you been 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 actual implementation of *monitoring* activities before attending this workshop?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Other comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked on an *outcome or impact evaluation*, in other words, an evaluation to measure changes in outcomes related to a program or “cause and effect” of the program?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Other comment: \_\_\_\_\_\_\_\_\_\_\_\_\_

For how many years have you been doing M&E in your work?

Number of years of M&E experience: \_\_\_\_\_\_\_\_\_

Please describe your qualitative methods experience and training; please recall that this is an intermediate level course and participants need to have at least basic working knowledge of qualitative methods in evaluation:

Please check all areas below related to qualitative evaluation in which you have experience:

* Characterization
* Evaluation questions and theory of change
* Sampling methods
* Data collection tools
* Methods/design
* Analysis, including coding transcripts, developing themes, etc.
* Applying qualitative norms in research/trustworthiness
* Fieldwork planning
* Data presentation and dissemination
* Ethical principles
* Addressing gender considerations in qualitative evaluation

List your publications, particularly in field relevant to the workshop. (*If* *necessary, place on separate sheet.)*

|  |  |
| --- | --- |
| **Title of publication** | **Date, where published** |
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List below any scholarships, fellowships, grants, contracts, or other awards you have received, including grants to attend international conferences, workshops, or seminars. Please specify which if any awards are current, and indicate expiration dates.

For our records, please tell us how you heard about this workshop:

1.\_\_\_\_University of Pretoria

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. **Your reference should be received by August 20, 2018.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position/institution** | **Date you requested reference** |
|  |  |  |

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of nominating official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Completed applications, including required completed supplemental statements, should be received by

**August 20, 2018**. Send the completed application by email directly to:

**Course coordinator**

Peggy Motswatswa

Email: peggy.motswatswa@enterprises.up.ac.za

Tel: +27 (0)12 434 2640

Cell: +27 (0)83 282 6975

 Please be certain that the following materials are enclosed:

 ❑ Application ❑ Sample Evaluation Activity Proposal (optional)

 ❑ 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. There is no funding available from the workshop organizers.

**Please type or print clearly.**

**Name of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❑ I will be funded by the following sponsoring agency:

 I contact person/title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of funding organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facsimile no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ I have applied for funding from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❑ I am still seeking sponsorship and would like my application to be considered.

 *(Please forward confirmation of funding to SPH at UG upon notification from sponsor.)*

❑ I will be funded by family or friends or self-funded.

**ESTIMATED WORKSHOP EXPENSES;**

|  |  |
| --- | --- |
| Tuition fees (not with accommodation):Tuition plus accommodation (includes accommodation, partial board—breakfast daily and lunch on workshop days and round-trip airport transfers), but **not including airfare and visa fees** | USD 2,275 USD 3,400 |

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**Workshop Statement**

*(Must be submitted with application form)*

**Required**

**Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please describe your relevant education, research, and/or work experience and indicate how participation in this workshop on qualitative methods in 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)

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**Sample Evaluation Activity Proposal**

*(Must be submitted with application form)*

**Optional**

**Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A large part of the course involves groupwork focusing on development of a protocol for a qualitative evaluation. **We seek proposals of real evaluations (past, current, or planned) from workshop students.** **If you have conducted or are/will be conducting an evaluation using qualitative methods and would like to submit your evaluation as an example, please share the information in the space below.** The program to be evaluated may be implemented at the national or regional level.

The description should include the following: program goals and specific objectives, program components, key outcomes/concepts of interest, target areas and/or target population groups, program participation selection criteria, implementation plan and timeline, evaluation plan or activities (if any has been done). The program description should be no longer than one page.

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**Reference Form**

**CONFIDENTIAL**

**TO BE COMPLETED BY APPLICANT**

**Name of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The candidate named above has applied for the *International* *Workshop on Qualitative
Methods in Public Health Evaluation*. It would be helpful to us in selecting candidates to have your

evaluation of the applicant on the questions listed below. **Under no circumstances should the completed**

**form be returned to the** **applicant.**

References should be received by **August 20, 2018** at the following address:

Course coordinator

Peggy Motswatswa

peggy.motswatswa@enterprises.up.ac.za

Tel: +27 (0)12 434 2640

Cell: +27 (0)83 282 6975

**TO BE COMPLETED BY REFEREE**

 1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. How well and in what capacity do you know the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please rate the applicant in terms of each of the following (*one checkmark for each row*):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional** | **Well above** | **Above** | **Average** | **Below** | **Unable to** |
|  |  | **Average** | **average** |  | **average** | **judge** |
|  |  |  |  |  |  |  |
| **Leadership** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Initiative** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Professional****Experience** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **English language** |  |  |  |  |  |  |
| **ability (if not a**  |  |  |  |  |  |  |
| **native speaker of** |  |  |  |  |  |  |
| **English)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Self-expression** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Overall**  |  |  |  |  |  |  |
| **intellectual ability** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

4. What are the applicant’s special academic/professional strengths and weaknesses?

5. What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?

1. Has the applicant shown noteworthy qualities of leadership in the organization and execution of research projects or other work? If so, please cite examples.

7. Please describe one or two projects relevant to the workshop (on qualitative methods in evaluation) in which the applicant has participated and indicate his or her role in those projects.

8. Do you recommend the applicant for this workshop on Qualitative Methods in Public Health Evaluation?

 ❑ Recommend highly ❑ Recommend

 ❑ Recommend with reservation ❑ Do not recommend

9. Any additional comments?

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and position/title *(Please print*.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Complete mailing address (*Please include fax number and e-mail.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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