

International Workshop on Impact Evaluation of HIV/AIDS and Health Programs

July 21 - August 1, 2014, Pretoria - South Africa

*Paste / attach a
recent passport-
size photograph
here*

APPLICATION FORM

(Please type or use block letters)

FEMALE

MALE

Personal Details				
Name as stated in Passport (with Title-Mr, Mrs, Dr. Ms)	First Name	Father's Name	FAMILY NAME IN CAPITAL LETTERS	
Current Position				
Institutional affiliation				
Institutional mailing address				
Mailing Address as per Passport				
Business Telephone No.		Facsimile No.		
Home Telephone No.		E-mail		
Date of Birth	MM/DD/YY	Place of Birth	Country of Birth	Legal Citizenship
Passport No.	Place of Issue	Date of Issue	Date of Expiry	Nearest Airport

Post-Secondary Education

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

Date	Institution Attended	Major Subjects	Degree Completed

Relevant work experience (Begin with most recent employment, and include all current jobs.)

Attach additional information on a separate page if necessary.

Date	Position /title	Employer	City/Country

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

List all program monitoring and evaluation experience (both job and non-job related consultancies)

Name of program	Funding source	Applicant's role in M&E effort	Date written/published	Location Written/published

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

- National level
- Provincial / regional level
- District level
- Sub-district level
- Others (i.e., project level)

In which type of organization do you currently work?

- Donor organization
- Non-governmental organization
- Governmental organization
- Others (i.e. Private consultancy, Research organization)

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 actual 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?

No. years of M&E experience:

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

<u>Title of publication</u>	<u>Date, where published</u>

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
- 2 Public Health Foundation of India website
- 3 MEASURE Evaluation website
- 4 Communication/ brochure from MEASURE Evaluation
- 5 AIMENet listserv
- 6 Your employer or colleagues at your workplace
- 7 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 23, 2014.**

Name	Position/Institution	Date you requested reference

_____ **Date**

_____ **Signature of the 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 **May 23, 2014.** Send the completed application by airmail directly to :-

Banele Senatla
Private Bag X41
Hatfield 0028
South Africa
E-mail: banele.senatla@ce.up.ac.za

Please be certain that the following materials are enclosed:

Application Form Funding Form

Workshop Statement

**International Workshop on
Impact Evaluation of HIV/AIDS and Health Programs**
July 21 - August 1, 2014, Pretoria - South Africa

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 No. _____

Fax No. _____

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
(eligibility restricted to applicant from eastern and southern Africa)

I am still seeking sponsorship and would like my application to be considered
(Please forward confirmation of funding to SHSPH upon notification from sponsor)

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

ESTIMATED WORKSHOP EXPENSES:

Tuition fees :	ZAR: 24,550 /≈ USD 2,500
Other cost (includes accommodation, partial board – breakfast daily and lunch on workshop days and round trip airport transfers), but not including airfare and visa fees	ZAR :18,480/ ≈ USD 2,200

International Workshop on
Impact Evaluation of HIV/AIDS and Health Programs
July 21 - August 1, 2014, Pretoria - South Africa

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 the workshop will benefit your future work. (Use additional sheets if necessary). If you are using a word processor, you may place your entire statement on a separate sheet attached to this form.
