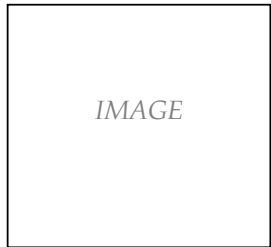


Regional Workshop

Impact Evaluation of Population, Health & Nutrition Programs

*July 20 – 31, 2015
New Delhi, India*



APPLICATION FORM

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 Postal Address				
Postal Address as per Passport				
Business Telephone No.		Facsimile No.		
Home Telephone No.		E-mail		
Date of Birth	Place of Birth	Country of Birth	Legal Citizenship	Nearest Airport
Passport No.	Place of Issue	Date of Issue	Date of Expiry	Country of Passport

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 to Impact Evaluation:

List all program Impact Evaluation experience (both job and non-job related consultancies)

Name of program	Funding source	Applicant's role in Impact Evaluation	Date written/published	Location Written/published

Are you primarily involved in Impact Evaluation Programs 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. Other (i.e. Private consultancy, Research organization)

How many years in total have you been working professionally?

No. of years working professionally: _____

Have you ever involved in any Impact Evaluation Programs, alone or with colleagues, before attending this workshop?

Yes _____ No _____ Other comment: _____

Have you been involved with actual implementation of Impact Evaluation programs before attending this workshop?

Yes _____ No _____ Other comment: _____

For how many years have you been in Impact Evaluation Programs?

No. of years 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.Public Health Foundation of India (PHFI) website
- 2.Communication/brochure from PHFI
- 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 June 15, 2015**

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 **June 15, 2015** Send the completed application by email directly to :-

Sangeeta Tikyani
Head M & E Unit,
Public Health Foundation of India (PHFI)
Plot No. 47, Sector 44, Gurgaon,
Haryana -122002, India.
E-mail: metraining@phfi.org

Please be certain that the following materials are enclosed:

- Application Form 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 No. _____

Fax No. _____

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

I would like to be considered for a 3ie bursaries fellowship.

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

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

ESTIMATED WORKSHOP EXPENSES;

Tuition and fees (includes accommodation, partial board – breakfast daily and lunch on days when the workshop is in session, and round trip airport transfers), but not including airfare and visa fees

US\$ 4,800

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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 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.