



The National Government of

Herewith transmits the application of

Official name (surname) Other names

For a fellowship to study

Subject of study

Supported by Project

Project/Allotment identification number

OBSERVATIONS AND RECOMMENDATION OF SELECTION COMMITTEE

The Selection Committee considers that:	YES	NO
1. The proposed studies		
1) will reflect the national priorities	<input type="checkbox"/>	<input type="checkbox"/>
2) relate to a primary/secondary/tertiary level programme of technical cooperation with WHO (if any)	<input type="checkbox"/>	<input type="checkbox"/>
name of programme project		
3) can be achieved within the country	<input type="checkbox"/>	<input type="checkbox"/>
2. The candidate		
1) has sufficient educational background to undertake the proposed studies	<input type="checkbox"/>	<input type="checkbox"/>
2) has sufficient experience to profit from the proposed studies	<input type="checkbox"/>	<input type="checkbox"/>
3) has sufficient motivation	<input type="checkbox"/>	<input type="checkbox"/>
4) has sufficient language ability to pursue the proposed studies	<input type="checkbox"/>	<input type="checkbox"/>
is supported by a certificate of language proficiency	<input type="checkbox"/>	<input type="checkbox"/>
will sit for a language examination	<input type="checkbox"/>	<input type="checkbox"/>
5) has a satisfactory medical record and can pursue the proposed studies without any physical and mental difficulty	<input type="checkbox"/>	<input type="checkbox"/>
3. The proposed duration of studies is suitable in consideration of these, the Selection Committee recommends:		
<input type="checkbox"/> to award this fellowship as requested		
<input type="checkbox"/> to award this fellowship with the following modification:		
• Subject of study		
• Site of studies (institute/country)		
• Duration of studies months weeks		
<input type="checkbox"/> not to award this fellowship		

Date

Signature

(Chairman of the Selection Committee)

II. ENDORSEMENT BY GOVERNMENT

The National Government

1. Duly appreciates the recommendation made by the Selection Committee,
2. Believes that the studies to be made under the fellowship are necessary for the strengthening of the health services of the country,
3. Expects that full use will be made of the Fellow in the field covered by the fellowship on his/her return home,
4. Confirms that:
 - 1) The absence of the candidate from the present post during the studies will not have any adverse effect on his/her status, seniority, salary, pension and similar rights;
 - 2) The following employment proposal will be made upon his/her return from the fellowship:
 - Name of institution
 - Title of post
 - Duties and responsibilities:.....
5. Endorses the award of the fellowship with the above-stated conditions.

Date Signature

Title

Official address

HOW TO FILL IN WHO FELLOWSHIP APPLICATION FORM (IMPORTANT)

Information you give on the Fellowship Application Form is the basis on which appropriateness of the fellowship request and the optimal programme of study will be decided. Therefore make sure that each question is **completed as fully and precisely as possible** in order that the fellowship officers making the arrangements for your study can thoroughly understand your needs.

These notes should help you to complete the form effectively and to avoid mistakes which could delay its progress through your government departments and in WHO.

How to fill in the form

The form **must be completed on computer or typewritten** in one of WHO's official languages. An extra copy in the language in which you propose to carry out your fellowship (if not an official WHO language) would be welcome. If typewritten please use a dark ribbon (preferably black). This ensures easier reading and good photocopying of the application if this should be required. If necessary, use additional sheets but in doing so be sure that the continuation sheet identifies the question being answered.

Keep one copy of the application form for your own records as you will need it for reference to the objectives of study as stated on page 4 of the application form when presenting the termly and/or final reports.

The items below are the ones which you must answer with great care.

1. PERSONAL DATA:

Different countries have different customs for stating a person's name. Since your passport will be your primary identification document, particularly for cashing cheques, provide your full name as it appears in your passport. Underline the part of your name by which you can be traced alphabetically in files and on computer.

2. LANGUAGE ABILITY:

If you are applying for a fellowship for which the language of instruction is not your mother tongue, it is your responsibility to ensure that you are able to **understand, speak and write the foreign language** sufficiently well to pursue your studies. You are earnestly advised to get as much practice as possible before proceeding on your fellowship. Most countries require a **language proficiency certificate** which must be attached to your application form. You should contact the Fellowships Department of your Health Ministry for information on how

To acquire a certificate of language competence. For studies in the United States and English-speaking Canada, you are required to sit for an English test administered by the Michigan English Language Institute or for TOEFL (Test of English as a Foreign Language), depending upon the institution of study. You will be given instructions in this regard after the application has been received in the WHO Regional Office for the Americas in Washington D.C. For studies in the United Kingdom, the British Council English Language Test certificate should be presented.

7. STUDY OBJECTIVES: AND

10. WHAT DO YOU PROPOSE TO DO AFTER COMPLETION OF STUDY:

Study objectives should be in line with your country's national priorities. Fellows are expected to contribute to the attainment of national priorities on their return home. Keeping this in mind, fill in items 7 and 10.

Conditions governing a WHO fellowship

The booklet "WHO Fellowships" states certain conditions of which you need to be aware. PLEASE READ IT.

Local assistance in filling in the application

Should you encounter difficulty in completing this form, please contact your national health authority which can help you or refer you to the WHO Representative in your country (if any).

Medical certificate

The medical certificate should be provided prior to the date of the commencement of the fellowship and should be accompanied by an X-ray not more than six months old. A new medical examination may be required if the previous medical report is more than four months old. For durations up to one month, a statement of good health, attested to by a duly-qualified physician, will be sufficient. Note that some host countries may require an HIV test.

Submission of Fellowship Application

It takes at least six months to process a fellowship application properly. You are therefore advised to make your application as early as possible and send it to your Ministry of Health without delay. If an academic programme is requested, certified copies of diplomas and transcripts (academic record) or marksheets must also be provided. In instances where the diplomas and transcripts are in a language different from the proposed language of study, a certified translation must also be attached.



IMPORTANT

Please answer each question clearly and completely. Detailed answers are required to ensure the most appropriate study arrangements. Before attempting to fill in this form please read the instructions attached. Please submit four typewritten copies. If necessary, additional pages of the same size may be attached. Please complete in a language appropriate to the country of study. Be sure to sign and date the form.

Attach recent photograph here

1. PERSONAL DATA

1) Family name (Surname)	First names	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
2) City and country of birth	Date of Birth	Nationality	Marital status	Sex		
		(day/month/year)				
3) Mailing Address	Office telephone		Office fax		Office telex	
	Office telephone		Office fax		E-mail	
4) Home Address	Home telephone		Home fax		E-mail	
5) Name and address of person to be notified in case of emergency		Relationship				
Office telephone		Home telephone				
Fax		Telex		Fax		

2. LANGUAGE ABILITY MOTHER TONGUE:

1) For language(s) other than mother tongue enter below the appropriate letter from the code system at right to indicate your level of skill. **Note that you may be required to take a language proficiency test.**

Language	Understand	Speak	Read	Write	
					<p>Understanding of spoken language A. I understand at the level of Univ. instruction B. I understand at the level of normal conversation C. I understand simple daily usage</p> <p>Speaking ability A. I speak at the level of university discussion B. I speak well enough to engage in normal conversation C. I speak adequately to meet limited social needs</p> <p>Reading ability A. I can read without difficulty all technical material in my field B. I can read with some difficulty all technical material in my field C. I can read newspaper articles and similar material</p> <p>Writing ability A. I can write technical papers easily B. I can write technical reports with some difficulty C. I can write ordinary correspondence</p>

2) Test(s) of language proficiency. Indicate any test(s) of language proficiency ever taken				Attach official copy(ies) of the certificate(s) or test results
Name of test	Date	Place	Results	

3) Language experience

Indicate your previous experience in the language(s) of your proposed study resulting from residence in a country where that language is spoken, or studies in an institution at home or abroad for which that language is the medium of communication

Dates From/To	Country and institution (if any)	Activity undertaken	Language

3. FELLOWSHIP(S) PREVIOUSLY AWARDED

Indicate any fellowship(s) which you were previously awarded

Dates (From/To)	Awarding Body	Place of Study	Field of study	Language used

4. EDUCATION

Provide full details in chronological order. Give the exact name of the institution and title of degrees/certificates/diplomas. Exclude primary/secondary school(s) if you have a university qualification or equivalent. Include courses and postgraduate studies in your professional or related fields.

Dates From/To	Institution (name, city and country)	Qualification Obtained	Major Fields of Study	Language used

5. EMPLOYMENT RECORD

Beginning with your present post, provide precise details of your responsibilities and activities and describe what are you doing (supervising, planning, training, etc.). Give particular attention to any duties which relate to your qualifications for this fellowship or to your need for the further study proposed.

a. Present post

List your specific duties

From: To: present

Title of your post:

Name and address of employer:

Name and address of supervisor:

Type of employment:

 Public service Private
 Teaching Research Other

b. Previous post

List your specific duties

From: To:

Title of your post:

Name and address of employer:

Name and address of supervisor:

Type: Public service Private Teaching Research Other

c. Preceding post

List your specific duties

From: To:

Title of your post:

Name and address of employer:

Name and address of supervisor:

Type: Public service Private Teaching Research Other**6. PROPOSED FIELD OR SUBJECT OF STUDY**

1) Field or subject of study:

2) Indicate name(s) of the programme/project of technical cooperation with WHO, if any, in which you are currently involved:

7. FELLOWSHIP STUDY OBJECTIVES

- a. The following information provided by you **and your Government** will enable the WHO Placement Officer to plan your programme. It is of the utmost importance that the Officer fully understands your wishes to ensure maximum relevance, efficiency and effectiveness of your study in terms of: expertise (knowledge to be assimilated); practical skills (applications to be mastered); attitudes (behaviours to be adopted). State precisely and in detail the knowledge and/or skills you wish to acquire:

(1)

(2)

(3)

Please utilize page 6 for additional remarks:

- b. Based on your objectives as stated above, please complete the following statement:
On completion of my fellowship study, I hope to be able to:

(1)

(2)

(3)

(4)

(5)

Please utilize page 6 for additional remarks:

8. PROPOSED STUDY

- 1) To achieve my fellowship objectives I wish to (please complete *a* and/or *b* as applicable):

- a) Undertake an academic course. State which academic qualification you are seeking:

Degree *Name of qualification*

Diploma

Other qualification

- b) Undertake observation visits or practical attachments:

2) List one or more Institutions where you believe the fellowship objectives outlined in item 7(a) can be best achieved. Please indicate if you have already contacted these Institutions and attach related correspondence and/or other documents. Also, indicate which objectives listed in item 7(a) can be fulfilled at this Institution. The information requested in this section is most important since it will aid WHO in arranging the programme relevant to your stated objectives. PLEASE UTILIZE PAGE 6 IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION.

Institution Include address and name of Proposed Host, if known	Country	Duration of proposed Study and Objectives

9. PROPOSED DURATION OF STUDY **Total: months:** **weeks:**

10. WHAT DO YOU PROPOSE TO DO AFTER COMPLETION OF STUDY?

- 1) Explain the practical use you expect to make of your studies on your return home and the responsibilities you expect to assume:

How will it contribute to health development in your country:

- 2) Indicate which service, programme or project in your country will benefit from the knowledge and skills you propose to acquire, with special reference to Primary Health Care or WHO Health for All strategy in your country:

11. START OF FELLOWSHIP

- 1) Give the earliest date you could start if awarded a Fellowship

- 2) Is there any definite period you cannot be absent from your country?

12. COMMITMENT

I am aware that a WHO fellowship can be awarded only after acceptance of my candidature by the World Health Organization and that the World Health Organization will make the necessary arrangements with the countries and/or institutions concerned.

I agree to return to my home country on the expiry of my WHO fellowship and to resume or enter service in my national health administration, or a technical institution approved by the administration, for a period of at least three years. I also agree to reimburse WHO for the total cost of my fellowship in the event that I do not return home and fulfill my obligation.

I certify that the above statements are correct and complete to the best of my knowledge. I will comply with the rules summarized in the information booklet, "WHO Fellowships".

(Signature)

(Date)

13. MEDICAL CERTIFICATE

To be completed by a registered medical practitioner designated by the appropriate administrative authority after a rigorous clinical and laboratory examination, including a chest X-ray. The Organization requires that a medical examination shall have taken place within four months of the starting date of the fellowship and may therefore request the candidate to undergo a further medical examination before taking up his/her fellowship. The medical practitioner should attach a separate letter informing WHO if the candidate has a health condition that might require special assistance and/or treatment while in the country of study. Such information will assist WHO in preparing the most appropriate programme of study on behalf of the candidate.

On the basis of a thorough clinical examination and laboratory test, including a chest X-ray, I hereby certify that in my professional judgement

_____ (Full name of the applicant)

_____ (Age)

is in good physical and mental health and is capable of carrying out an intensive programme of study away from home;

is free of any chronic condition or disease which might interrupt his/her studies;

is free of any serious infection disease, which could present risks for his/her contacts during the fellowship.

(Signature)

(Date)

(Full name and Title)

(Address)

14. FELLOWSHIP CANDIDATES MAY UTILIZE THIS SPACE FOR ANY ADDITIONAL REMARKS OR INFORMATION THEY WISH TO MAKE IN SUPPORT OF THEIR CANDIDACY