

WHO/TDR/NOGUCHI POSTDOCTORAL TRAINING SCHEME

APPLICATION AND PROPOSAL DEVELOPMENT FORM

**THIS DOCUMENT MUST BE TYPED AND SUBMITTED TO THE POSTDOC SECRETARIAT.
AN ELECTRONIC COPY SHOULD BE SUBMITTED VIA EMAIL TO Psecretariat@noguchi.ug.edu.gh**

1 CANDIDATE'S DETAILS

(a) Surname: Given Names:
Title (Dr, Ms, Mr): Nationality:
Date of Birth:
Contact address:
Work tel no.: Email address:

(b) Current position:
Current institution & address:

(c) Education/training:

Date (mm/yy)	Degrees and Diplomas	Courses	University/Institution

(d) **PROJECT TITLE**

(e) **APPLICANT'S CV**

(f) **ONE PAGE VISION STATEMENT**

(g) **ONE PAGE DESCRIPTION OF APPLICANT'S RESEARCH CAREER OBJECTIVES**

(h) **TO BE COMPLETED BY CLINICALLY QUALIFIED CANDIDATES ONLY**

Indicate your clinical qualifications
What is your specialty? Please provide details of the clinical training path

(i) Previous positions: (list the most recent first)

Dates (dd/mm/yy)	Position and source of funding	University/Organization

(j) List up to five recent publications that are relevant to this application

2 DETAILS OF SPONSORING/EMPLOYING INSTITUTION IF ANY

Evidence of letter of Recommendation from your Sponsors/employing Institution or organization

3 RESEARCH PROJECT PROPOSAL

(a) Project title: (max 220 characters):

Outline of research project (no more than 1500 words)
Develop a proposal under the subheadings shown in the box
Summary – **Not more than 300 words (Not included in the research project)**

(a) Introduction and Background

(b) Problem statement/hypothesis

(c) Study objectives

(d) Methodology (i.e. study design, data collection and analysis)

(e) Timelines and milestones

(f) References

4 OUTLINE COST OF THE PROPOSAL Please estimate the following:

Budget	
Budget justification	Attached
Total:	

5 Where did you learn of this scheme? (Please indicate most appropriate)

Colleague	<input type="checkbox"/>	www.who.int/tdr/	<input type="checkbox"/>
Personal contact	<input type="checkbox"/>	www.noguchi.ug.edu	<input type="checkbox"/>
Direct mail	<input type="checkbox"/>	Newspaper/Magazine	<input type="checkbox"/> (specify) <input type="text"/>
Email	<input type="checkbox"/>	world wide web	<input type="checkbox"/> (specify) <input type="text"/>
Conference/Exhibition/Workshop	<input type="checkbox"/>	Journal	<input type="checkbox"/> (specify) <input type="text"/>

6 Head of department

Head of Department title and name	
Signature	
Date	

Signature..... Date.....