

ATU-STRADMED INNOVATIONS TRAINING APPLICATION FORM

Please read the application guidance carefully prior to completing your application to avoid being excluded from the screening process due to submission of an incomplete application.

By applying you are confirming you meet the eligibility requirements. However, if subsequently we find out you do not meet the requirements, your application will be withdrawn.

PERSONAL INFORMATION

Full Name:

Nationality:

Country of Residence:

FIRST DEGREE EDUCATION INFORMATION

Institution of study:

Degree of study:

Degree start date:

Degree completion date/expected date of completion:

State the courses you studied in your degree:

GENERAL KNOWLEDGE ON HEALTH INNOVATIONS AND RESEARCH

In your opinion, what is the relevance of health innovations and its impact on service delivery?

Have you taken a course in research methods? YES NO

Have you participated in any research project?
If yes, please state the name of the project YES NO

Supporting Documents

- Attach a copy of your updated CV
- Attach a cover letter explaining what you aim to gain out of the internship program.