

# AFRICA HEALTH RESEARCH AND INNOVATION PROJECT-PROTOTYPE DEVELOPERS 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 However, if subsequently we find out you do not meet the requirements, your application will be withdrawn.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:

Sex:

Contact No:

## EDUCATION/ PROTOTYPE DEVICE INFORMATION

Institution of study:

Degree of study:

Department:

Have you developed any **Prototype device**?

Brief Description of the device:

## 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
- Submit the complete application documents to [risa@atu.edu.gh](mailto:risa@atu.edu.gh)
- Alternatively, submit hardcopies of the application document to Room 211, second floor of the ATU Administration Block

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