

AFRICAN MEDICAL AND REASERCH FOUNDATION
AMREF/MOH DISTANCE EDUCATION COURSES

Are you interested to enroll for one of our Distance Education Courses? **COMPLETE** this form and send it to the address given below together with your payment. (See the attached information sheet for more details).

Send to: **DISTANCE EDUCATION PROGRAM**
 AMREF DIRECTORATE OF LEARNING SYSTEMS
 P.O.BOX 27691 –00506 Tel. 6993000
 NAIROBI.

PRINT VERY CLEARLY WITH INK (Do not use a pencil)

Start with Surname Dr./Family name/ Mr. Mrs. Miss -----

Mobile -----E- Mail (if any)-----

Address ----- Town -----

Work place (Name of Health Facility) -----

Heath facility classification e.g. Provincial General Hospital, District Hospital, Health center,

Dispensary, private clinic e.t.c -----

District ----- Province -----

Do you work for Government, Municipality, Church, Other Organizations -----

What is your main job? (E.g. Giving immunization, diagnosis & prescribing, inspecting markets etc.)

When did you finish your basic education? -----

What level did you reach (standard, form, higher) -----

What training did you do in college/university e.g. enrolled nursing, clinical officer, public health technician-----

When did you complete this training? -----

What course do you want to enroll with us now? (Select from the attached information Sheet)

Have you enrolled with us before? (Tick as appropriate) Yes No

If, Yes please list the courses you have already completed with us or you enrolled for and did

not complete and your student Number -----