



## RATN TRAINING NOMINATION/APPLICATION FORM

Date: \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YY)

### **INSTRUCTIONS:**

This application/nomination form should be completed by an applicant who intends to undertake a training course by The Regional AIDS Training Network (RATN). All questions pertaining to the applicant **MUST** be filled in **BLOCK LETTERS WITH CLEAR BLACK INK**.

There is a section that will have to be filled by the employer of the applicant as a recommendation to attend the course, ensure that it is filled too. Please submit this form to RATN or to the Training Institution that will run the course you are applying for together with your detailed curriculum vitae.

### **Section A: Background information**

1. Course Title (Refer to Advert/Brochure for more information):

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2. Course Dates: ----- To: -----

3. Course Venue:-----

4. Applicant's name (as in passport): -----

5. Sex:            Male             Female             (*Tick ✓ One Option*)

6. Nationality-----            Date of birth -----

7. Passport No.: -----            Date of Issue: -----

8. Expiry Date: -----            Place of issue: -----

9. Name of Employer/Institution:

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10. Postal Address: ----- City:----- Country-----

11. Tel: ----- Fax: ----- E-mail: -----

12. Home Postal Address: ----- City: ----- Country: -----

13. Home Physical Address: -----

Tel: ----- Fax: ----- E-mail: -----



14. Which postal and physical addresses, telephones and faxes do you prefer to use for correspondence and communication? *Choose One:*

Employer: ----- Home: -----

15. If home address is selected, may we use your employment address, when required?

Yes

No

16. Emergency data: Person to be notified: Name -----

Tel: ----- Fax: ----- P.O. Box -----

17. Educational background or corresponding institutions attended:

Name of Institution/College, University,	Dates	Qualification Achieved

18. Key courses/conferences/seminars attended in the last 5 years

Name Courses/Conferences/Seminars Attended in the Last 5 Years	Year	Duration	Venue	TICK if RATN Course

19 a. A brief summary of the working experiences:

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19 b. Title of present position:

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20. Date assumed present post:

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I -----Nominate, Prof /Dr/Mr /Mrs/Miss/Ms -----  
 ----- to attend the above mentioned RATN course.

Name of the nominating/authorizing officer: -----

Signature: ----- Designation: -----

Date and Official Stamp: -----  
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**29. Sponsorship of costs of courses**

RATN has limited resources to provide support for participants for course fees. Note that the advertised costs **DO NOT** include airfare **BUT** include tuition fee, course related travel, minimal health insurance and accommodation for the duration of the course. Therefore, it is imperative that participants seek sponsorship from their employers or from other donors. Priority will be given to participants with funding.

**Employer's Statement as to the Financial Support:**

I/We (employer/sponsor) ----- am/are able to **provide** for my/ the applicant's training expenses as follows:

	Tick ✓ all that applies	Employers Support to be provided (Specify amount in US\$)
Full Course fee		
Partial Course fee (specify in US\$)		
Travel (airfare)		
Signature of Sponsor:	-----	

**Support from other sources (If applicable)**

State the amount in US\$ that is available US\$-----  
 That you are willing to pay for yourself US\$ -----

**Declaration of need of support**

I will have no support and my acceptance of a place, if offered, will be contingent on sponsorship by RATN:

Request Total support (state amount in US\$) .....

Request Partial Support (state amount in US\$) -----



**NOTE: Fully completed forms must be posted to the address indicated above, to arrive 2 months before course commencement. Applicants will only be considered if this form is fully filled and certified by employer.**

Priority will be given to applicants with full or partial sponsorship.

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**FOR RATN TRAINING INSTITUTION USE ONLY:**

Date received: ----- File Reference: -----Participant Code: -----

Accepted/Rejected: ----- Date Acknowledged: -----

Date Confirmed/Advised; -----

(Signature of Authorized Officer) -----