FLAGSHIP COURSE ON HEALTH SECTOR REFORM AND SUSTAINABLE FINANCING FOR THE MENA REGION

June 20-July 1, 2005
APPLICATION FOR ADMISSION
Deadline for Receipt: May 20, 2005

Print or type in block

Personal Information
Title: □ Dr. □ Ms. □ Mr.
Name: ____________________________________________
First ____________________ Middle ____________________ Family Name _______________________
Sex: □ Female □ Male Date of birth: ____________________________
Month ____________ Day ____________ Year ____________
Citizenship: ____________________________________________

Mailing address
Permanent mailing address: ________________________________
Work address: __________________________________________

Communications
Office phone: ______/________/_______________ Fax: _________/_________/__________________
(area code/regional code/number)
Home phone: _________________________ E-mail address: __________________________________
Emergency Contact: (name, relationship, phone, fax): __________________________________________

Employment
Current employer: ______________________________________
Current professional position: ______________________________
Please describe your current duties: __________________________________________________________
Indicate the type of organization in which you work (check only one, please):
□ U.N. or U.N. Specialized Agency (N) □ International/Regional or Multilateral Organization (O)
□ Other Financial Institution (e.g. Devt. Bank) (D) □ Office of President/Prime Minister (K)
□ Research Institution (R) □ Ministry (M) □ University/Training Institution (U/T) □ State-,
Province- or Municipal-Level Government (L) □ NGO or Other Non-Government Community
Organization (H) □ Public Enterprise or Central Government Agency (P) □ Other (Z) (please list) □
World Bank (W) □ Private Enterprise
Please list previous two positions with a brief description of your duties/ responsibilities:

Title Company/Institution Dates
________________________________________________________________________________________
________________________________________________________________________________________

Post-secondary Education (do not list schools below University level)
Institution Country Degree/Major Year
________________________________________________________________________________________
________________________________________________________________________________________

Language Proficiency
I understand that all sessions will be conducted in English. I certify that my written and spoken
proficiency in English language is:

Writing: □ Excellent □ Very Good □ Good □ Weak

Speaking: □ Excellent □ Very Good □ Good □ Weak

Will you require simultaneous translation to Arabic? □ Yes □ No

Please describe your reasons for applying to this course as well as your expectations.
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

How do you intend to use the knowledge gained during the course in your daily work?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Payment Information (must be filled out for application to be processed)
Name of sponsoring organization: ___________________________________________________________
Contact Person: ____________________________ Title: ____________________________
Address: __________________________________________________________________________________
Telephone: ____________________________ Fax: ____________________________
Internet/Email: ______________________________________________________________________________

Modules
Please indicate which module(s) you will be attending if you are selected to participate in the course (kindly check relevant box; more than one can be checked).

□ Week June 20-24, 2005    □ Week June 27-July 1, 2005

Country Assistance
Important: Applicants from countries that require government clearance, or approval by a particular agency are expected to submit, along with their application a letter from the relevant agency clearing their participation.

Name of coordinating agency (if applicable): __________________________________________________
Address: __________________________________________________________________________________
Phone: ____________________________ Fax: ____________________________ Email: ____________________________
Signature of nominator: ________________________________________________________________

I declare that all statements I have made on this application are true.

Signature: ____________________________ Date: ____________________________

Airmail or fax this form and the supporting documents by May 20, 2005 to:
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American University of Beirut
Faculty of Health Sciences
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Riad El Solh, Beirut 1107 2020
Beirut, Lebanon

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