



AFRICAN CENTRE FOR GLOBAL HEALTH INNOVATION AND RESEARCH (ACGHIR)

4) SCHOOLS ATTENDED (or College or Polytechnic at which school-leaving examinations were taken)

4:1 PRESENT SCHOOL OR LAST SCHOOL ATTENDED.....

..... INDICATE COUNTRY IF OUTSIDE ZIMBABWE

PERIOD OF ATTENDANCE START YEAR (eg 2009)

ENDING YEAR (eg 2012)

4:2 SECOND LAST SCHOOL ATTENDED

..... INDICATE COUNTRY IF OUTSIDE ZIMBABWE

PERIOD OF ATTENDANCE START YEAR (eg 2009)

ENDING YEAR (eg 2012)

5) FURTHER RELEVANT INFORMATION/REMARKS ON EMPLOYMENT/ WORK EXPERIENCE

DATE				OCCUPATION	NAME AND ADDRESS OF EMPLOYER
FROM		TO			
MONTH	YEAR	MONTH	YEAR		

6) RECOMMENDATIONS BY EMPLOYER

6:1 NAME OF ORGANIZATION.....

6:2 POSITION HELD.....



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6:3 NAME OF EMPLOYER IN (FULL).....

6:4 DO YOU RECOMMEND THE ABOVE MENTIONED TO ATTEND THE COURSE? YES/NO.....

6:5 SIGNATURE.....

7) **NAMES AND ADDRESSES OF TWO REFEREES**

1)

.....

2)

.....

8) **PROSPECTIVE SPONSOR (S) (eg self; or employer; Please state name)**

.....

8:1 PAYMENT CAN BE IN USD CASH OR RTGS EQUIVALENT SWIPE

9) **HAVE YOU ENCLOSED CERTIFIED COPIES OF YOUR**

- A) BIRTH CERTIFICATE
- B) NATIONAL ID
- C) O-LEVEL CERTIFICATES
- D) A-LEVEL CERTIFICATES
- E) PROFESSIONAL CERTIFICATE
- F) PROFESSIONAL DIPLOMA
- G) PROFESSIONAL DEGREE
- H) PhD
- I) OTHER CERTIFICATE (S) (specify)

I SOLEMNLY DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND SHOULD IT BE FOUND TO BE FALSE MY APPLICATION WILL BE DISQUALIFIED AND I WILL BE READY TO FACE LEGAL ACTION

SIGNATURE OF APPLICANT

DATE



AFRICAN CENTRE FOR GLOBAL HEALTH INNOVATION AND RESEARCH (ACGHIR)

FOR OFFICIAL USE ONLY

VERIFIED BY NAME

SIGNATURE

DESIGNATION

APPROVED BY NAME

SIGNATURE

DESIGNATION

ACCEPT

REJECT

TICK WHERE APPROPRIATE

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