

Regional Workshop
Impact Evaluation of
Population, Health & Nutrition Programs
March 18 – 30, 2013
New Delhi, India

Paste / attach a recent
 passport-size
 photograph here

APPLICATION FORM

(Please type or use block letters)

FEMALE
 MALE

Personal Details				
Name as stated in Passport <i>(with Title-Mr, Mrs, Dr. Ms)</i>	First Name	Father's Name	FAMILY NAME IN CAPITAL LETTERS	
Current Position				
Institutional affiliation				
Institutional Postal address				
Postal Address as per Passport				
Business Telephone No.		Facsimile No.		
Home Telephone No.		E-mail		
Date of Birth <i>MM/DD/YY</i>	Place of Birth	Country of Birth	Legal Citizenship	Nearest Airport
Passport No.	Place of Issue	Date of Issue <i>MM/DD/YY</i>	Date of Expiry <i>MM/DD/YY</i>	Country of Passport

Post-Secondary Education (Begin with most recent and include relevant short-term technical or professional training.)

Date	Institution Attended	Major Subjects	Degree Completed

Relevant work experience (Begin with most recent employment, and include all current jobs. Attach additional information on a separate page if necessary.)

Date	Position /title	Employer	City/Country

Describe your present duties and responsibilities, including both teaching and research, with specific emphasis on work-

related to Impact Evaluation:

List all program Impact Evaluation experience (both job and non-job related consultancies)

Name of program	Funding source	Applicant's role in Impact Evaluation	Date written/published	Location Written/published

Are you primarily involved in Impact Evaluation Programs at the (check one):

- 1. ___ National level
- 2. ___ Provincial / regional level
- 3. ___ District level
- 4. ___ Sub-district level
- 5. ___ Other(i.e., project level)

In which type of organization do you currently work?

- 1. ___ Donor organization
- 2. ___ Non-governmental organization
- 3. ___ Governmental organization
- 4. ___ Other (i.e. Private consultancy, Research organization)

How many years in total have you been working professionally?

No. of years working professionally: _____

Have you ever involved in any Impact Evaluation Programs, alone or with colleagues, before attending this workshop?

Yes No Other comment: _____

Have you been involved with actual implementation of Impact Evaluation programs before attending this workshop?

Yes No Other comment: _____

For how many years have you been in Impact Evaluation Programs?

No. years of M&E experience: _____

List your publications, particularly in field relevant to the workshop. (If necessary, place on separate sheet.)

Title of publication

Date, where published

<u>Title of publication</u>	<u>Date, where published</u>

List below any scholarships, fellowships, grants, contracts, or other awards you have received, including grants to attend international conferences, workshops, or seminars. Please specify which if any awards are current, and indicate expiration dates.

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For our records, please tell us how you heard about this workshop:

- 1. ___ Public Health Foundation of India (PHFI) website
- 2. ___ Communication/brochure from PHFI
- 3. ___ MEASURE Evaluation website
- 4. ___ Communication/ brochure from MEASURE Evaluation
- 5. ___ AIMENet listserv
- 6. ___ Your employer or colleagues at your workplace
- 7. ___ Other (please specify) _____

One reference (form enclosed) must be submitted in support of your application. Please list below the name of the referee you have selected. **Reference should be received by January 25, 2013**

Name	Position/Institution	Date you requested reference

_____ **Date**

_____ **Signature of the Applicant**

Name and title of nominating official (usually a department head or immediate supervisor) (Please print.)

Signature of nominating official _____

Date _____

Completed applications, including required completed supplemental statements, should be received by **January 25, 2013** Send the completed application by email / air mail directly to :-
Dr. Abhay Saraf, Public Health Foundation of India (PHFI)
Institute for Studies in Industrial Development Campus, Plot No. 4, Institutional Area
Vasant Kunj, New Delhi -110070, India.
Tel : + 91 11 49566000 (Extn. 6003) Fax: +91 11 49566024
 E-mail: metraining@phfi.org

Please be certain that the following materials are enclosed:

- Application Form
- Funding Form
- Workshop Statement

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FUNDING FORM

(must be submitted with application form.)

Note: All applicants are expected to seek funding from their home organizations or governments or from outside funding agencies. Available funding for participant costs is limited.

PLEASE TYPE OR PRINT CLEARLY

Name of applicant _____

I will be funded by the following sponsoring agency:

Contact person/Title _____

Name of funding _____

organization _____

Mailing address _____

Telephone No. _____

Fax No. _____

I have applied for funding from

(Name of funding agency-list all agencies to which you have applied)

I would like to be considered for a MEASURE Evaluation fellowship

I would like to be considered for a Measurement, Learning & Evaluation (MLE) fellowship

I am still seeking sponsorship and would like my application to be considered

(Please forward confirmation of funding to PHFI upon notification from sponsor.)

I will be funded by family or friends or self-funded.

ESTIMATED WORKSHOP EXPENSES;

Tuition and fees (includes accommodation, partial board – breakfast daily and lunch on days when the workshop is in session, and round trip airport transfers), but not including airfare and visa fees

US\$ 4,800

Population, Health & Nutrition Programs

March 18 – 30, 2013

New Delhi, India

REFERENCE FORM

CONFIDENTIAL

TO BE COMPLETED BY REFREE

Name of applicant _____

The candidate named above has applied for the Regional Workshop on Impact Evaluation of Population, Health and Nutrition Programs. The workshop has been designed to build the capacity of professionals in Public Health Programs. It would be helpful to us in selecting candidates to have your evaluation of the applicant on the questions listed below. Under no circumstances should the completed form be returned to the applicant.

References should be received by **January 25, 2013** at the following address:

**Dr. Abhay Saraf, Public Health Foundation of India (PHFI)
Institute for Studies in Industrial Development Campus,
Plot No. 4, Institutional Area
Vasant Kunj, New Delhi -110070, India.
Tel : + 91 11 49566000 (Extn. 6003) Fax: +91 11 49566024, 49566063
E-mail: metraining@phfi.org**

TO BE COMPLETED BY REFEREE

1 How long have you known the applicant?

2 How well and in what capacity do you know the applicant ?

3 Please rate the applicant in terms of each of the following (one checkmark for each row):

	Exceptional	Well above Average	Above Average	Average	Below Average	Unable to Judge
Leadership						
Creativity						
Initiative						

Professional Experience

English language ability (if not a native speaker of English)

Self-expression

Overall intellectual ability

4 What are the applicant's special academic/professional strengths and weaknesses?

5 What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?

6 Has the applicant shown noteworthy qualities of leadership in the organization and execution of public health related or other work? If so, please cite examples.

7 Please describe one or two projects relevant to the workshop in which the applicant has participated and indicate his or her role in those projects.

8 Do you recommend the applicant for the workshop on Impact Evaluation of Population, Health & Nutrition Programs?

- | | |
|---|---|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with reservation | <input type="checkbox"/> Do not recommend |

9 Any additional comments?

Signature

Date

Name and Position/Title (Please print)

Complete mailing address:

Tel/Fax No.

E-Mail