



**KENYA
PAEDIATRIC
ASSOCIATION**

KENYA PAEDIATRIC FELLOWSHIP PROGRAM (KFPF) SPONSORSHIP APPLICATION FORM

Prerequisites for KFPF Fellowship sponsorship: (tick all applicable fields)

1. Working in a Government/Public Hospital
2. Committed to work in Government/Public Hospital post-training for duration bonded by course of interest

All applicants are required to attach the following documentation:

1. Completed application form (see below) endorsed by County authorizing official
2. Personal statement indicating your interest in the course
3. Full curriculum vitae
4. Copies of relevant academic certificates and transcripts
5. Copy of national identity card

NOTE: An application that does not comply with the above requirements will be regarded as incomplete.

| APPLICANT INFORMATION | | APPLICATION DATE: |
|--|---|--|
| First Name: | Surname: | Preferred name: |
| Home Address: | | Postal Code: |
| County: | Town/City: | Affiliated Public Hospital: _____ Number of years worked in named hospital: _____ For Paediatricians, also indicate number of years worked with Government of Kenya post specialization _____ Current Area/Department of Work: _____ Employment DC/NCK Licence No: _____ KMPDC Registration No: _____ Current Job Group: _____ Current Gross Monthly Salary in KSH: _____ |
| Phone No: | E-mail Address: | |
| Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth: /dd/mm/yr / | |
| Date available for training: /dd/mm/yr / | Specialty or Sub-speciality applied for: Indicate Training Institution applied with: | |

| Emergency contact details (should we need to contact you urgently) | | |
|--|---|--------|
| First Name: | Surname: | Title: |
| 1st Contact No: | 2nd Contact No: | |
| Email: | Relationship to applicant: e.g. spouse, mother, father, brother, sister, aunt, colleague, etc.: | |

FUNDING: Tick appropriately
Do you have any other funding source to cover tuition either partially or fully? YES NO
If Yes, indicate how much is this other funding and source

ACADEMIC HISTORY: TERTIARY EDUCATION

| UNIVERSITY/COLLEGE, COUNTRY: | START DATE | DATE OF COMPLETION | DEGREE/DIPLOMA ATTAINED |
|------------------------------|------------|--------------------|-------------------------|
| | | | |
| | | | |
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ANY ADDITIONAL QUALIFICATION ATTAINED

| TRAINING INSTITUTION, COUNTRY: | START DATE | DATE OF COMPLETION | QUALIFICATION ATTAINED |
|--------------------------------|------------|--------------------|------------------------|
| | | | |
| | | | |

NAME OF RECOMMENDING SUPERVISOR AT THE PUBLIC HOSPITAL YOU ARE CURRENTLY STATIONED

| | |
|----------------|-----------------------------------|
| Title: | Full Name: |
| Designation: | Phone No: () |
| Email Address: | Department: |

REFERENCES *Please list 2 professional references*

| | |
|----------------|-----------------------------------|
| 1. Title: | Full Name: |
| Organization: | Phone No: () |
| Email address: | Job title: |
| 2. Title: | Full Name: |
| Organization: | Phone No: () |
| Email Address: | Job title: |

CURRENT AND PREVIOUS EMPLOYMENT (Note: Start with the most current)

| | |
|---|---|
| 1. Organization: | From: (month/year): / To:(month/year): / |
| Job Title: | Supervisor: |
| Responsibilities: | |
| May we contact your previous employment for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Phone No: () | |
| 2. Organization: | From: (month/year): / To: (month/year): / |
| Job Title: | Supervisor: |
| Responsibilities: | |
| May we contact your previous employment for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Phone No: () | |

| | | |
|---|------------------------|----------------------|
| 3. Organization: | From:(month/year): / / | To:(month/year): / / |
| Job Title: | Supervisor: | |
| Responsibilities: | | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Phone No: () | | |

COUNTY PRE-AUTHORIZATION FOR RELEASE

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|--|--|
| <p>THE COUNTY GOVERNMENT <i>Statement of Release by County Authorizing Officer:</i></p> <p>I hereby confirm that upon successful admission to the course applied for, _____ County hereby commits to bond and release _____ for Training in _____ for a period of _____ years from _____ to _____</p> | |
| <p>Authorizing Officer's Name:</p> <p>Authorizing Officer's Personal Number:</p> | <p>Designation of authorizing officer:</p> <p>Department of authorizing officer:</p> |
| <p>Official County Stamp:</p> | <p>Date:</p> |

After filling, download the form, have it signed and stamped by the County Authorizing Officer, scan and then e-mail fully completed application to the chosen training institution.

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|---|---------------------|
| <p>DISCLAIMER AND SIGNATURE</p> <p>I hereby, certify that I have provided accurate information in this application. If this application leads to a fellowship sponsorship, I understand that false or misleading information in my application or interview may result in my release.</p> | |
| <p>Signature of the Applicant:</p> | <p>Date:</p> |