



THE AGA KHAN UNIVERSITY



KENYA PAEDIATRIC FELLOWSHIP PROGRAMME (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

All applicants are required to attach the following documentation:

- 1. Personal statement indicating your interest in the course
- 2. Application form (see below)
- 3. Full Curriculum Vitae
- 4. Copies of relevant academic certificates and transcripts
- 5. County release/approval to KFPF (Include the signed bonding) for applicants who qualify for the scholarship

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

| 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.: | |

| 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: Indicate number of years worked with Government of Kenya 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 / | ID/Passport number: |
| Are you a Kenyan citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Date available for training: /dd/mm/yr / | Specialty or Sub-speciality applied for: | |

| FUNDING: Tick appropriately | |
|----------------------------------------------------------------------------------|----------------------------------------------------------|
| Do you have any other funding source to cover tuition either partially or fully? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If Yes, how much is this other funding? | |

ACADEMIC HISTORY: TERTIARY EDUCATION

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

ADDITIONAL SPECIALIZATION OR SUB-SPECIALIZATION

| | | |
|-------------------------------------|---------------------|---------------------|
| Specialty attained and Institution: | From(month/year): / | From(month/year): / |
| Specialty attained and Institution: | From(month/year): / | From(month/year): / |

NAMED RECOMENDING SUPERVISOR AT YOUR PUBLIC HOSPITAL

| | |
|----------------|---------------|
| Title: | Full Name: |
| Cadre: | Phone No: () |
| Email Address: | Job title: |

REFERENCES *Please list 2 professional references*

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

PREVIOUS EMPLOYMENT

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

DISCLAIMER AND SIGNATURE

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 from the training position.

Signature: _____ **Date:** _____

Email fully completed KPFP Sponsorship application to the chosen training institution