



KENYA PAEDIATRIC FELLOWSHIP PROGRAMME (KPFP) SPONSORSHIP APPLICATION FORM

Prerequisites for KPFP 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 KPFP (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: <input type="checkbox"/> 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 ☐ NO ☐

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 <i>Please list 2 professional references</i>			
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