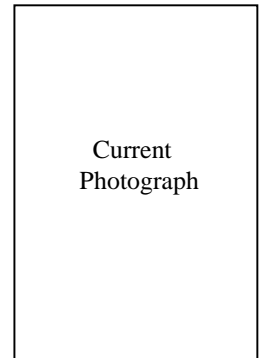


**Addis Ababa Fistula Hospital**

**Application form for short-term training**



1. Name \_\_\_\_\_

2. Civil State \_\_\_\_\_ 3. Age \_\_\_\_\_

4. Nationality \_\_\_\_\_ 5. Passport number \_\_\_\_\_

Expiry date \_\_\_\_\_

Date of Issue \_\_\_\_\_

6. Qualifications - attach Curriculum Vitae (CV) please.

7. Contact Address

Telephone No \_\_\_\_\_

Fax No \_\_\_\_\_

P.O. Box \_\_\_\_\_

E-mail \_\_\_\_\_

8. In the space provided briefly explain why you would like to undertake this training:

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9. I hereby confirm these details as true –

Signed : \_\_\_\_\_

Please complete this form and send it with the photograph of yourself, your CV and a signed copy of the short term training information sheet to:-

Training  
Addis Ababa Fistula Hospital  
PO Box 3609  
Addis Ababa  
Ethiopia  
Fax +(251)-113- 71 28 66  
E-mail <[fistula-hospital@ethionet.et](mailto:fistula-hospital@ethionet.et)>