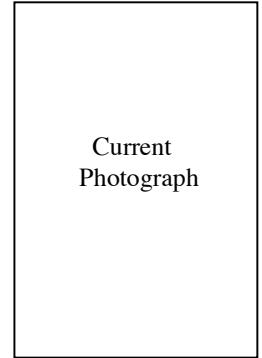


Addis Ababa Fistula Hospital

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:

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

Email: enquiries@hamlinfistula.org

<http://www.hamlinfistula.org>