**SLMTA 1 TOT APPLICATION FORM**

**Workshop Dates: June 19 – 30, 2023**

**Deadline for Applications: February 24, 2023**

**Instructions:**

* Please type.
* Complete all sections in the form. Provide all necessary details, but be succinct.
* Applications must be submitted in Word format, NOT scanned or PDF.
* Make sure there is no typo in your email address. Check twice!

|  |  |  |
| --- | --- | --- |
| Surname (Family Name): | | |
| Given Names: | | |
| Dr./Mr./Mrs./Ms.: | Gender: | |
| Address: | | |
| Country: | | |
| Work Telephone: | | Mobile: |
| Email: | | Alternate Email: |
| Employer (If MOH, specify which lab): | | Job Title: |
| Please describe your laboratory background and training (for example, chemistry analysis 5 years, degree in Biology): | | |
| Please be succinct. No more than 5 lines or 5 short bullet points. | | |
| Please describe your experience managing a laboratory. List any lab management training you received. | | |
| Please be succinct. No more than 5 lines or 5 short bullet points. | | |
| Please describe your experience in mentoring and training others. | | |
| Please be succinct. No more than 5 lines or 5 short bullet points. | | |
| Describe your SLMTA experience | | |
| Have you attended SLMTA training before? If yes, please describe (when, organizer, etc.) | | |

Do you anticipate changing positions (your job responsibilities) in the next 2 years?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t Know

**Financial Support**:

Please note that there is no tuition for this training. Participants will be responsible for all travel and hotel costs.

**I will be sponsored by (please check one):**

\_\_\_ CDC

\_\_\_ Employer (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Proof Letter or Email Attached:**

\_\_\_ Yes

\_\_\_ No