**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.*
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| 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.*
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*
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| Please describe your experience in mentoring and training others. |
| Please be succinct. No more than 5 lines or 5 short bullet points.*
*
*
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| 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