**Professional Development Course:**

**Impact Evaluation Module**

**November 19-22, 2018**

**Application Form**

**SECTION A**

1. **Personal details**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Surname** | **First Name** | **Middle Name** |
| Choose an item. | Choose an item. | Click here to enter text. |
| **Gender** | **Age** | **Nationality** |

1. **Current Contact Information**

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| **Mobile Tel. No.** | **Work Tel. No.** |

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| **Email Address** | **Alternate Email Address** |

|  |  |  |
| --- | --- | --- |
| 1. **How did you hear about this course?**
 | Choose an item. | Specify here |

|  |  |
| --- | --- |
| 1. **Current Work Appointment/Status.**
2. **How long have you held this position?**
 | e.g. Researcher, Policy Actor, Policy Analyst, Project Manager, M&E officer etc. |
| Click here to enter text. |

1. **Highest Academic Degree**

|  |  |  |
| --- | --- | --- |
| e.g. PhD, MA etc. | Click here to enter text. | Click here to enter a date. |
| **Type** | **Discipline** | **Date Obtained or Expected**  |

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| **Institution** | **Country** |

**SECTION B**

|  |
| --- |
| 1. **What impact do you expect this training to have on you? (200 words)**
 |
| Click here to enter text. |

1. **As a researcher, policy actor and/or teaching staff, what do you consider your three (3) most important achievements to date?**

|  |  |
| --- | --- |
|  | Click here to enter text (mandatory). |
|  | Click here to enter text (mandatory). |
|  | Click here to enter text (mandatory). |

|  |
| --- |
| 1. **Briefly explain why you would like to attend this training. (150 words)**
 |
| Click here to enter text. |

1. **List 3 of your main training expectations.**

|  |  |
| --- | --- |
|  | Click here to enter text (mandatory). |
|  | Click here to enter text (mandatory). |
|  | Click here to enter text (mandatory). |

### STATEMENT OF ACCURACY

I hereby affirm that (please click in the box to tick all that apply):

[ ]  I have read and understood the instructions.

[ ]  All the information provided by me to PASGR is accurate to the best of my knowledge.

[ ]  I have provided the supporting document(s) required.

Signature of applicant: Click here to enter text.

 (for signature, please enter your initials)

Date: Click here to enter text.

**SUBMITTING THIS FORM**

Submit this form here: <http://bit.ly/ARD2016Nov>

Applications that do not contain both this form duly filled per the instructions given with individual questions, and an updated CV will NOT be considered.