Intensive Lassa Fever Clinical Management Training Program for West African Public Health Professionals

Application Form

General Information

1. **Last Name: Sulaiman**
2. **Given Name:** Aisha
3. **Maiden name:Sa'id**
4. **Date of Birth:27/7/26**
5. **Country of Birth: Nigeria**
6. **State/Province of Birth: Kano**
7. **City of Birth:Kano**
8. **Gender:female**
9. **Home Phone (with country code)+2348021224528**
10. **Cell Phone (with country code):+2348132913765**
11. **Personal Email**:aishasaid933@gmail.com
12. **Home Address:** .sallari Babbangiji Kano

Employment Information

13. **Agency:** IKMC
14. **Address: Murtala Muhammad Specialist hospital**
15. **Title:** Nurse
16. **Email: aishasaid933@gmail.com**
17. **Phone (with country code):+23408132913765**
18. **Describe Primary Clinical Duties:Applicant Passport Information**
19. **Country of Citizenship: Nigeria**
20. **Country Issuing Passport: Nigeria**
21. **Passport Number: B50598533**
22. **Passport Control Number:** Click here to enter text.
23. **Issue Date: 1/2/2024**
24. **Passport Expiration Date: 31/1/34**

Applicant Visa Information (IF APPLICABLE)

25. **Visa Class:** R Click here to type and enter text.

26. **Control Number:** Click here to type and enter text.
27. **Issue Date:** Click on drop down menu to enter a date.
28. **Expiration Date:** Click on drop down menu to enter a date.

Applicants' Eligibility

Please respond completely to the eligibility questions below:

(a) Are you a citizen or legal residents of Nigeria, Liberia, Ghana, or Sierra Leone? **(Yes/No) yes**

(b) Are you currently residing in the country from which you are applying **(Yes/No) yes**

(c) Do you hold an active and valid license to practice as a medical doctor or specialty nurse as of July 2026 in the from which you are applying? **(Yes/No) yes**

(d) Do you have professional experience in infectious disease management within a hospital setting? **(Yes/No) yes**

(e) Are you currently involved or have prior experience in the clinical management of infectious disease outbreaks, particularly Lassa fever? **(Yes/No) yes**
(f) Are you employed full-time in clinical medicine at a recognized government hospital in one of the eligible countries? **(Yes/No) yes**
(g) Do you have the capacity to train colleagues at your hospital or treatment center after completing the program? **(Yes/No) yes**
(h) Can you commit to attending the six-day residential training in Nigeria, including participation in an experiential-learning site visit? **(Yes/No) yes**

(i) Are you proficient in English? **(Yes/No) yes**