MOH AFFILIATE FELLOWSHIP PROGRAM

Application Form Template

1. Personal Information

- Title:
- Full Name:
- Gender:
- Email Address:
- Phone Number:
- Nationality:
- Country of Residence:
- Address:

2. Career and Education

- Current Workplace:
- Current Position:
- Highest Education Level:

3. Professional Context

- Professional Background / Area of Expertise:
- Other Relevant Context (if applicable):

4. Expected Contribution

- What do you intend to contribute during the fellowship?
  (e.g., Research, Policy Analysis, Program Implementation, Data Science, etc.)

5. Project Information

5.1 Project Type

- ☐ Contribution to an ongoing Ministry of Health project
- ☐ New project proposal

5.2 Project Area

(e.g., Public Health Surveillance, Digital Health, NCDs, Maternal Health, etc.)

5.3 Project Title

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5.4 Project Summary

(Brief description of the project, including objectives, methods, and expected outcomes)

6. Motivation

- Why do you want to conduct this project in Rwanda?
  (Include professional motivation, alignment with national priorities, and expected impact)

7. Required Documents (Attach)

- ☐ Curriculum Vitae (CV/Resume)
- ☐ Copy of ID/Passport
- ☐ Latest Degree Certificate

8. Funding

- Are you able to finance your own expenses?
  - ☐ Yes
  - ☐ No

9. Declaration

I hereby declare that the information provided is accurate and complete to the best of my knowledge.

- Applicant Name:
- Signature:
- Date: