**UNIVERSITY OF NAIROBI**

**KAVI-INSTITUTE OF CLINICAL RESEARCH**

**IN COLLABORATION WITH**

**BIO-ZEQ KENYA LTD**

**MOLECULAR BIOLOGY TRAINING**

**Venue: KAVI-Institute of Clinical Research, University of Nairobi (KAVI-ICR)**

**Country: Nairobi-Kenya**

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| APPLICATION FORM |
| PERSONAL Information |
| Surname |  | First Name(s)  | Date |  |
| Street Address |
| Town/City |  | Postcode |  | Country  |  |
| Phone No |  | E-mail Address |  |
| Citizenship  |  |  |  |  |  |
| Current Status: Student **[ ]** Employed(Private Sector) **[ ]** Employed (Private Sector) **[ ]** Others(Please Indicate) **[ ]**  |
|  |
| Education& TRAINING (ongoing and previous) |
| Name of University/Training Provider | Address |  |
| From (year)  |  | To |  | Qualifications |
| Name of University/Training Provider  | Address |  |
| From (year)  |  | To |  | Qualifications |  |
| Name of University/Training Provider  | Address |  |
| From (year)  |  | To |  | Qualifications |  |
| Name of University/Training Provider | Address |
| From (year) |  | To |  | Qualifications |  |
| Name of University/Training Provider | Address |  |
| From (year) |  | To |  | Qualifications |  |

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| CURRENT AND PREVIOUS Employment |
| **Organisation 1** |  | Supervisor |  |
| Address |  | SupervisorPhone no  | SupervisorEmail  |
| Job Title |  |  |
| Responsibilities |  |
| Date of employment |  | From: |  | To:  |  |
| **Organisation 2** |  | Supervisor |  |
| Address |  | SupervisorPhone no  |  | SupervisorEmail |  |
| Job Title |  |
| Responsibilities |  |
| Date of employment |  | From: |  | To:  |  |
| **Organisation 3** |  | Supervisor |  |
| Address |  | SupervisorPhone no | SupervisorEmail |
| Job Title |  |  |
| Responsibilities |  |
| Date of employment |  | From: |  | To:  |  |
|  |
| References |
| Please list three professional or academic referees. |
| 1. Full Name
 |  | Relationship |  |
| Organisation |  | Phone No |  | Email  |
| Address |  |
| 1. Full Name
 |  | Relationship |  |
| Organisation |  | Phone No |  | Email  |
| Address |  |
| 1. Full Name
 |  | Relationship |  |
| Organisation |  | Phone No | Email  |
| Address |  |

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| MOTIVATIONAL STATEMENT |
| Please describe how the “Molecular biology” course will benefit your research, education and/or professional development. |
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| Please summarize your suitability and specific preparation (scientific/academic/technical) for benefitting from the course: |
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| Please summarize the background for your interest in molecular biology technology: |
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| Please indicate the Research Area(s) you are interested in |
| A: PCR [ ]  B: SEQUENCING [ ]  C: GENOTYPING [ ]  D: HIGH RESOLUTION MELTING [ ]  E: HYBRIDIZATION |
| F: Forensics [ ]  Other [ ]  (please specify): |
|  |
| Please indicate the Field (s) you are interested in |
| Molecular Clinical Diagnostics [ ]  Forensic [ ]  Food safety [ ]  Veterinary [ ]  Other [ ]  (please specify): |
|  |
| Please summarize your experience and interest in your preferred Research Area(s) and Discipline(s)  |
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| Please list your current and future research goals/professional goals |
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| Disclaimer and Signature |
| By submitting this form by email, I certify that my answers are true and complete to the best of my knowledge. If this application leads to the offer ofa place on the course, I understand that false or misleading information in the above may result in losing my place.*NB:You can print, sign & scan this page and then send as a pdf, or alternatively just type your name below.*  |
| Signature |  | Date |  |