



UNIVERSITY OF NAIROBI
KAVI-INSTITUTE OF CLINICAL RESEARCH
(KAVI-ICR)

IN COLLABORATION WITH
DIVISION OF VACCINES AND IMMUNIZATION-MINISTRY OF HEALTH
ARE OFFERING A FIVE (5) DAY COURSE ON

VACCINES & IMMUNIZATION

Venue/Country: KAVI-ICR, Medical School, University of Nairobi, Kenya

Date: 22 - 26th September 2014.

Introduction:

Vaccines are one of the success stories in the history of public health. Healthcare providers (HCPs) need to be well acquainted with current vaccination knowledge and be equipped with strategies for implementing vaccine recommendations in their clinical setting. Understanding how vaccines are developed, how vaccines work and legal issues in vaccination are some of the topics that will be addressed in this course.

Who should attend?

- Clinicians
- Pharmacists
- Laboratory Scientists
- Nurses
- Public Health Professionals
- Healthcare professionals interested in clinical aspects of vaccine delivery
- Policy makers
- Managers of vaccine program
- Post-graduate students (public health and clinical fields)

Broad objective: Strengthen the knowledge and understanding of vaccines and immunization among health care professional within Sub Saharan Africa

At the end of this course the participants should be knowledgeable on:

- The concepts and principles of vaccines and immunization
- How and why vaccines are made
- Immunological mechanisms for vaccine protection.
- New technology and ideas contributing to future vaccines development and delivery
- Impact of vaccines and immunization in the control of infectious diseases
- Challenges of vaccines and immunization supply and delivery
- Vaccines for the future

How to Register;

Download the registration form attached, print, fill & send a scanned (or online) copy to this email before 15th of August 2014; training-coordinator@KAVIUON.ORG .Registration forms can also be collected from KAVI-ICR offices.

Other Details;

1. Registration & tuition fee is NOT required (Free Course) and for those who may require accommodation, please take note that you will have to make your own arrangement.
2. **The course will be offered yearly starting 2014**

APPLICATION FORM

PERSONAL INFORMATION

Surname	First Name(s)	Date	
Street Address			
Town/City	Postcode	Country	
Phone No	E-mail Address		
Citizenship			
Current status: STUDENT <input type="checkbox"/>	EMPLOYED (PRIVATE SECTOR) <input type="checkbox"/>	EMPLOYED (PUBLIC SECTOR) <input type="checkbox"/>	OTHER <input type="checkbox"/> 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 College/Training Provider		Address
From (year)	To	Qualifications
Name of College/Training Provider		Address
From (year)	To	Qualifications
Name of Institute/Training Provider		Address
From (year)	To	Qualifications

CURRENT EMPLOYMENT DETAILS

Organisation- Current:	Supervisor	
Address	Supervisor	Supervisor
	Phone no	Email
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		
2. Full Name	Relationship	
Organisation	Phone No	Email
Address		
3. Full Name	Relationship	
Organisation	Phone No	Email
Address		

MOTIVATIONAL STATEMENT

1. Describe how the "Vaccinology" course might benefit your research, education and/or professional development.

2. Summarize your suitability and specific preparation (scientific/academic/technical) for benefitting from the course:

3. Summarize the background for your interest in vaccinology and vaccine development:

4. Indicate the Research Area(s) you are interested in

Malaria TB HIV Other infectious diseases (please specify):

Veterinary Diseases

Other (please specify):

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 of a 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
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