**UNIVERSITY OF NAIROBI**

**KAVI-INSTITUTE OF CLINICAL RESEARCH**

**IS OFFERING A FIVE (5) DAY COURSE ON**

**VACCINES AND IMMUNIZATION**

**Venue/Country: KAVI-ICR, College of Health Sciences, University of Nairobi, Kenya**

**Date: 23rd - 27th May 2016.**

**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
* Post-graduate students (public health and clinical fields)
* Policy makers
* Managers of vaccine program

**Broad objective:** Strengthen the capacity within Sub Saharan Africa in the field of vaccines and immunization

**At the end of this course the participants should be able to know:**

* 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

**Training Methods:** Teaching will be in the form of lectures, case studies, debates and visits to clinical research facilities. KAVI-ICR will provide training materials to participants.

**How to Register;**

Fill the registration form online or Download the form attached, fill & send to the email noted before **29th April 2016; Email to:**   [training-coordinator@KAVIUON.ORG](mailto:training-coordinator@KAVIUON.ORG?subject=APPLICATION%20FORM%20FOR%20VACCINOLOGY%20COURSE%20-KAVI-ICR)

**Other Details;**

1. Registration & tuition is free after acceptance and communication to the applicant about the application success.
2. Subsistence allowance and accommodation to be arranged & paid for by the participants.

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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 (PUBLIC SECTOR) | | | |  | OTHER  Please indicate: | | | | |
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| 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 | | |  | | | | | | | | |
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| CURRENT AND PREVIOUS Employment | | | | | | | | | | | | | | | | | | | | |
| **Organisation** | | |  | | | | | | | Supervisor | |  | | | | | | | | |
| Address | |  | | | | | | | | Supervisor  Phone no | | | | | | | Supervisor  Email | | | |
| Job Title | |  | | | | | | | | | | | | |  | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | | | | | |
| Date of employment | | | |  | From: | |  | To: |  | | | | | | | | | | | |
| **Organisation** | | |  | | | | | | | Supervisor | |  | | | | | | | | |
| Address | |  | | | | | | | | Supervisor  Phone no |  | | | | | | Supervisor  Email |  | | |
| Job Title | |  | | | | | | | | | | | | | | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | | | | | |
| Date of employment |  | | | | From: | |  | To: |  | | | | | | | | | | | |
| **Organisation** | |  | | | | | | | | Supervisor | |  | | | | | | | | |
| Address | |  | | | | | | | | Supervisor  Phone no | | | | | | | Supervisor  Email | | | |
| Job Title | |  | | | | | | | | | | | | |  | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | | | | | |
| Date of employment |  | | | | From: | |  | To: |  | | | | | | | | | | | |
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| References | | | | | | | | | | | | | | | | | | | |
| Please list three professional or academic referees. | | | | | | | | | | | | | | | | | | | |
| 1. Full Name | | | | | |  | | | | | | | Relationship | | |  | | | |
| Organisation | | | | | |  | | | | | | | Phone No |  | | | | | Email |
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| 1. Full Name | | | | | |  | | | | | | | Relationship | | |  | | | |
| Organisation | | | | | |  | | | | | | | Phone No |  | | | | | Email |
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| 1. Full Name | | | | | |  | | | | | | | Relationship | | |  | | | |
| Organisation | | | | | |  | | | | | | | Phone No | | | | | | Email |
| Address | | | | | |  | | | | | | | | | | | | | |

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| MOTIVATIONAL STATEMENT | | | |
| Please describe how the “Vaccinology in Africa” course might 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 vaccinology and vaccine development: | | | |
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| Please indicate the Research Area(s) you are interested in | | | |
| Malaria  TB  HIV  Other infectious diseases  (please specify): | | | |
| Veterinary Diseases | | | |
| Other  (please specify): | | | |
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| Please indicate the Discipline(s) you are interested in | | | |
| Molecular Biology  Immunology  Clinical Trials  Vaccine manufacturing  Other  (please specify): | | | |
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| 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 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 |  |