

UNIVERSITY OF NAIROBI
KAVI-INSTITUTE OF CLINICAL RESEARCH
IN COLLOBARATION WITH
DIVISION OF VACCINES AND IMMUNIZATION-MINISTRY OF HEALTH
ARE OFFERING A FIVE (5) DAY COURSE ON

VACCINES AND IMMUNIZATION

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

Date: 10th - 14th August 2015.

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:

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| <ul style="list-style-type: none">• 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 |
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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 **10th July 2015; Email to: training-coordinator@KAVIUON.ORG**

Other Details;

1. Registration & tuition fee US\$ 500 or equivalent Ksh.45,000/= (Forty Five Thousand Only) payable to the Institute after acceptance and communication to the applicant about the application success.
2. Subsistence allowance and accommodation to be arranged & paid for by the participants

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 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

CURRENT AND PREVIOUS EMPLOYMENT

Organisation	Supervisor	
Address	Supervisor	Supervisor
	Phone no	Email
Job Title		
Responsibilities		
Date of employment	From:	To:
Organisation	Supervisor	
Address	Supervisor	Supervisor
	Phone no	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:

REFERENCES		
<i>Please list three professional or academic referees.</i>		
1. Full Name	Relationship	
Organisation	Phone	Email
Address		
2. Full Name	Relationship	
Organisation	Phone	Email
Address		
3. Full Name	Relationship	
Organisation	Phone No	Email
Address		

MOTIVATIONAL STATEMENT
1. Please describe how the "Vaccinology in Africa" course might benefit your research, education and/or professional development.
2. Please summarize your suitability and specific preparation (scientific/academic/technical) for benefitting from the course:

3. Please summarize the background for your interest in vaccinology and vaccine development:	
4. Please indicate the Research Area(s) you are interested in	
Malaria <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> Other infectious diseases <input type="checkbox"/> (please specify):	
Veterinary Diseases <input type="checkbox"/>	
Other <input type="checkbox"/> (please specify):	
5. Please indicate the Discipline(s) you are interested in	
Molecular Biology <input type="checkbox"/> Immunology <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Vaccine manufacturing <input type="checkbox"/> Other <input type="checkbox"/> (please specify):	
6. Please summarize your experience and interest in your preferred Research Area(s) and Discipline(s)	
7. Please list your current and future research goals/professional goals	

DISCLAIMER AND SIGNATURE	
<p>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.</p> <p><i>NB: You can print, sign & scan this page and then send as a pdf, or alternatively just type your name below.</i></p>	
Signature	Date