



Closing Date: 29th January 2016

Applicant Information

Title:		Family Name:		Given Names:	
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Date of Birth:		Gender:	
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U21 University:	
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Health discipline you are Currently studying:	
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Currently which year of your studies: (ie 2nd year, 3rd year)	
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Phone: (including area code)		E-mail:	
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Country of citizenship:		Country of birth:	
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**** Participants are also encouraged to consider their funding options and timely preparation if application for financial support from their university is required.*

Areas of interest

1. Describe why you want to be a part of the Global Learning Partnership? (max 300 words)

2. Please describe your previous experience and involvement in community projects (Max 300 words)

3. Describe yourself in 150 words or less including information how you feel your personality will enable them to make an effective contribution to the project?



4. Please describe how you would like to disseminate the knowledge and skills gained from your time in Nepal. How do you propose to engage students from your home institution in the ongoing partnership with Kathmandu University and in Global Learning Partnership (Max 400 words)

5. Proposed Supervisor- Representative from your university who provides support/ facilitates clinical field experience eg Clinical Placement Co-ordinator

Title:		Given Names:		Family Name:	
Department:				Position:	



University qualifications

List highest qualification first

1st qualification

Name of degree:						
Year commenced:		Last year of study:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Institution Name:				If you did not graduate, please explain why or "yet to complete"		

If this is your second or third degree please outline the details of your previous studies below

2nd qualification

Name of degree:						
Year commenced:		Last year of study:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Institution Name:						

3rd qualification

Name of degree:						
Year commenced:		Last year of study:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Institution Name:						



Referees

Applicants are asked to provide 1-2 referees in support of their application.

The referee(s) should be from the applicants university/department and details of the referees should appear below.

Referee 1

Title:		Given names:		Last name:	
University:			Phone:		
Email:					
Position: <i>Eg Head of school/department</i>					

Referee 2

Title:		Given names:		Last name:	
University:			Phone:		
Email:					
Position: <i>Eg Head of school/department</i>					