**Stop Transmission of Polio (STOP) Program Application**

Please review the instructions before completing your STOP application and CV to ensure your application is complete. Incomplete or incorrect applications will not be considered.

**SAVE THIS FILE USING YOUR NAME. DO NOT CONVERT THIS FORM TO PDF OR IMAGE.**

**PERSONAL INFORMATION**

Type name as it appears on your passport

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| **Family Name:** | | Example: John | | | | | **Given Name:** | | | Example: Smith Zachary | | | |
| **Gender:** | Choose an item. | | | **Marital Status:** | Choose an item. | **Date of Birth:** | | | Example: 5-Dec-71 | | | **Do you have a valid passport?** | Choose an item. |
| **Country of Birth:** | | | Example: Nigeria | | | | | **Present Nationality:** | | | Example: Nigerian | | |

**Highest** degree earned (No diplomas or certificates)

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| **Degree** | ***Degree Examples*** | **Degree Topic or Area of Study** |
| Choose an item. | *Bachelor: (BA, BSC, BSN)*  *Masters: (MA/MS/MsC/MSN/Infirmière Diplômée d'état)*  *Doctorate: (DPH/DrPH/PhD/MD/MBBS/DDS)* | Click here to enter text. |
| Choose an item. | Click here to enter text. |

**CONTACT INFORMATION**

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| **Phone 1:** | Click or tap here to enter text. | **Phone 2:** | Click or tap here to enter text. |
| **Email 1:** | Click or tap here to enter text. | **Email 2:** | Click or tap here to enter text. |

**BACKGROUND INFORMATION**

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| **What STOP position are you applying for? (Select one)** | *Field Specific Questions: Page 3*  *Data Specific Questions: Pages 4-5*  *Comm Specific Questions: Page 6* | **Do you have *additional* experience in one of these areas? (optional)** |
| Choose an item. | Choose an item. |

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| Language | Level |  | How many years of international experience do you have (include both work and education)? | How many total years of relevant experience do you have? | How many years of experience do you have specifically in EPI & VPD surveillance related activities? |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Other Language. Click to enter text. | Choose an item. |

**PROFESSIONAL BACKGROUND**

**Experience with:**

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| WHO |  |  |
| UNICEF |  |
| ROTARY |  |
| US Government Agency |  | Click here to enter agency name |
| NGOs |  | Click here to enter agency name |
| US Government Fellowships |  | Click here to enter agency name |

**Current Employer**

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| Company Name: | Click here to enter text. |
| Position/Title: | Click here to enter text. |
| Start Date: | Example: 5-Dec-71 |
| End Date: | Example: 5-Dec-71 |
| Supervisor Name: | Click here to enter text. |
| Supervisor Phone: | Click here to enter text. |
| Supervisor Email: | Click here to enter text. |
| List specific duties you performed in this position: 2,000 Characters | |
| Delete instructional text and start typing here - 2,000 Characters | |

**Previous Employer**

|  |  |
| --- | --- |
| Company Name: | Click here to enter text. |
| Position/Title: | Click here to enter text. |
| Start Date: | Example: 5-Dec-71 |
| End Date: | Example: 5-Dec-71 |
| Supervisor Name: | Click here to enter text. |
| Supervisor Phone: | Click here to enter text. |
| Supervisor Email: | Click here to enter text. |
| List specific duties you performed in this position: 2,000 Characters | |
| Delete instructional text and start typing here - 2,000 Characters | |

**RELEVANT WORK EXPERIENCE**

**Complete this 5 question section if desired position is Field Epidemiology.**

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| **Field 1** | List the number of years of experience you have in public health disease surveillance: | Choose an item. |
| Describe your public health disease surveillance experience: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Field 2** | List the number of years of experience you have in field epidemiology: | Choose an item. |
| Describe your field epidemiology experience (e.g., outbreak investigations, field surveys): | | Delete instructional text and start typing here - 2,000 Characters |

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| **Field 3** | List the number of years of experience you have in mass immunization programs: | Choose an item. |
| Describe your experience with mass immunization programs (NIDs, SIAs, Mop-Ups): | | Delete instructional text and start typing here - 2,000 Characters |

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| **Field 4** | List the number of years of experience you have in implementation of routine immunization-related public health programs: | Choose an item. |
| Describe your experience with immunization-related public health programs implementation (especially with EPI): | | Delete instructional text and start typing here - 2,000 Characters |

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| **Field 5** | Describe the most common challenges you faced during the work described above and any methods used to overcome them. | Delete instructional text and start typing here - 2,000 Characters |

**END OF FIELD QUESTIONS. PROCEED TO REFERENCES ON THE LAST PAGE**

**Complete this 9 question section if desired position is Data Management.**

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| **Data 1** | List the number of years of experience you have in public health: | Choose an item. |
| Describe your experience working at different levels of the public health system: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 2** | List the number of years of experience you have supporting public health surveillance or immunization health information systems: | Choose an item. |
| Describe your experience supporting public health surveillance or immunization health information systems: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 3** | List the number of years of experience you have planning and facilitating training to data management processes (data recording, analysis, interpretation, use) | Choose an item. |
| Describe your experience planning and facilitating training related to data management processes: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 4** | List the number of years of experience you have developing system and/or human resource capacity to strengthen health information systems | Choose an item. |
| Describe your experience developing system and/or human resource capacity to strengthen health information systems: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 5** | List the number of years of experience you have developing and/or implementing data quality assurance processes or data quality control activities | Choose an item. |
| Describe your experience developing and/or implementing data quality assurance processes or data quality control activities: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 6** | List the number of years of experience you have using software to manage immunization and/or surveillance data: | Choose an item. |
| Describe your experience working with District Health Information System (DHIS), Excel, Epi Info, Epi Map, MS Access, or other software/programs used to manage immunization and/or surveillance data: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 7** | List the number of years of experience you have properly documenting activities: | Choose an item. |
| Describe your experience properly documenting activities, including the development of standard operating procedures, standardized reporting forms, and action or work plans: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 8** | List the number of years of experience you have applying data towards public health action: | Choose an item. |
| Describe your experience applying data towards public health action such as the development of policy or interventions (please provide a specific example and if possible, outcome): | | Delete instructional text and start typing here - 2,000 Characters |

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| **Data 9** | Describe the most common challenges you faced during the work described above and any methods used to overcome them. | Delete instructional text and start typing here - 2,000 Characters |

**END OF DATA MANAGEMENT QUESTIONS. PROCEED TO REFERENCES ON THE LAST PAGE**

**Complete this 5 question section if desired position is Communication.**

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| **Com 1** | List the number of years of experience you have in public health communication, behavior change communication, and communication for development (C4D): | Choose an item. |
| Describe your work experience in planning and implementing public health communication, behavior change communication, and communication for development (C4D): | | Delete instructional text and start typing here - 2,000 Characters |

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| **Com 2** | Indicate the number of years of public-health experience you have in media | Choose an item. |
| Describe your public health-related media experience: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Com 3** | List the number of years of experience you have in social mobilization: | Choose an item. |
| Describe your work experience in planning/implementing social mobilization activities, as related to public health or immunization programs: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Com 4** | List the number of years of experience you have in Interpersonal Communication (IPC) training and/or other public health media or communication training | Choose an item. |
| Describe your experience in IPC training and/or other public health media or communication training: | | Delete instructional text and start typing here - 2,000 Characters |

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| **Com 5** | Describe the most common challenges you faced during the work described above and any methods used to overcome them. | Delete instructional text and start typing here - 2,000 Characters |

**END OF COMMUNICATIONS QUESTIONS. PROCEED TO REFERENCES ON THE LAST PAGE**

**PROFESSIONAL REFERENCES** (to be completed for all positions – Field epidemiology, Data Management, and Communication)

**List 5 people not related to you who are familiar with your character and qualifications, at least two of them should be current or previous work supervisors.**

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| **REFERENCE 1** | | | |
| Name: | Click here to enter text. | Title: | Click here to enter text. |
| Organization: | Click here to enter text. | | |
| Telephone 1: | Click here to enter text. | Telephone 2: | Click here to enter text. |
| **Email Address 1** | Click here to enter text. | Email Address 2: | Click here to enter text. |
| Your relationship to this person: | Delete instructional text and start typing here - 2,000 Characters | | |

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| **REFERENCE 2** | | | |
| Name: | Click here to enter text. | Title: | Click here to enter text. |
| Organization: | Click here to enter text. | | |
| Telephone 1: | Click here to enter text. | Telephone 2: | Click here to enter text. |
| **Email Address 1** | Click here to enter text. | Email Address 2: | Click here to enter text. |
| Your relationship to this person: | Delete instructional text and start typing here - 2,000 Characters | | |

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| **REFERENCE 3** | | | |
| Name: | Click here to enter text. | Title: | Click here to enter text. |
| Organization: | Click here to enter text. | | |
| Telephone 1: | Click here to enter text. | Telephone 2: | Click here to enter text. |
| **Email Address 1** | Click here to enter text. | Email Address 2: | Click here to enter text. |
| Your relationship to this person: | Delete instructional text and start typing here - 2,000 Characters | | |

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| **REFERENCE 4** | | | |
| Name: | Click here to enter text. | Title: | Click here to enter text. |
| Organization: | Click here to enter text. | | |
| Telephone 1: | Click here to enter text. | Telephone 2: | Click here to enter text. |
| **Email Address 1** | Click here to enter text. | Email Address 2: | Click here to enter text. |
| Your relationship to this person: | Delete instructional text and start typing here - 2,000 Characters | | |

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| **REFERENCE 5** | | | |
| Name: | Click here to enter text. | Title: | Click here to enter text. |
| Organization: | Click here to enter text. | | |
| Telephone 1: | Click here to enter text. | Telephone 2: | Click here to enter text. |
| **Email Address 1** | Click here to enter text. | Email Address 2: | Click here to enter text. |
| Your relationship to this person: | Delete instructional text and start typing here - 2,000 Characters | | |