

**INTERNATIONAL WORKSHOP ON
IMPACT EVALUATION OF POPULATION, HEALTH, AND NUTRITION PROGRAMS
August 14–25, 2023.
Nairobi-Kenya.**

APPLICATION FORM

SECTION A

a. *(Please type or use block letters. Full name as stated in passport.)*

☐ female
☐ male

(Title) Mr., Mrs., Ms., Dr. (first and other names) **(FAMILY NAME IN CAPITAL LETTERS)**

Current position/job title _____

Institutional affiliation _____

Institutional mailing address _____

Business telephone _____ Home telephone _____

Facsimile no. _____ E-mail address _____

Nearest airport _____

Country of citizenship _____ City & country of birth _____

Country of legal permanent residence _____ Date of birth _____
(Month) (Day) (Year)

Country of passport _____ Passport number _____
(if different than the country of citizenship)

b. **Post-Secondary Education** *(Begin with most recent and include relevant short-term technical or professional training.)*

<u>Dates</u>	<u>Institution attended</u>	<u>Major subject</u>	<u>Degree completed</u>

Relevant work experience *(Begin with most recent employment and include all current jobs. Attach additional information on a separate page if necessary.)*

<u>Dates</u>	<u>Position/title</u>	<u>Employer</u>	<u>City/Country</u>

- c. Describe your present duties and responsibilities, including both teaching and research, with specific emphasis on work-related monitoring and evaluation activities:

- d. List all program monitoring and evaluation experience (both job and non-job-related consultancies). Indicate those that included an impact evaluation.

Name of program	Funding source	Applicant's role in M&E effort	Date written/published	Location Written/published

- e. Are you primarily involved in monitoring and evaluation at the (check one):

1. ____ National level
2. ____ Provincial / regional level
3. ____ District level
4. ____ Sub-district level
5. ____ Other (i.e., project level)

- f. In which type of organization do you currently work?

<input type="checkbox"/>	Academic Institution
<input type="checkbox"/>	Consultant – Independent
<input type="checkbox"/>	Consulting firm
<input type="checkbox"/>	Evaluation association – national, regional, or international
<input type="checkbox"/>	Funder – multilateral banks, bilateral donors, and foundations
<input type="checkbox"/>	Government agency
<input type="checkbox"/>	Individual – not affiliated
<input type="checkbox"/>	Media
<input type="checkbox"/>	NGO – international
<input type="checkbox"/>	NGO – national or community
<input type="checkbox"/>	NGO coalition or network
<input type="checkbox"/>	Think tank
<input type="checkbox"/>	UN agency
	Others, please specify:

How many years in total have you been working professionally? _____

Have you ever prepared an M&E plan, alone or with colleagues, before attending this workshop?

Yes _____ No _____ Other comment: _____

Have you been involved with the actual implementation of *monitoring* activities before attending this workshop?

Yes _____ No _____ Other comment: _____

Have you ever worked on an *impact evaluation*, in other words, an evaluation to measure the “cause and effect” of the program?

Yes _____ No _____ Other comment: _____

How many years have you been doing M&E in your work?
No. years of M&E experience: _____

How many years have you been involved in conducting impact evaluations/systematic reviews or evidence synthesis?
No. years: _____

- g. List your publications, particularly in field relevant to the workshop. (If necessary, place on a separate sheet.)**

Title of publication

Date, journal where published

- h. List below any scholarships, fellowships, grants, contracts, or other awards you have received, including grants to attend international conferences, workshops, or seminars. Please specify which if any awards are current and indicate expiration dates.**

- i. For our records, please tell us how you heard about this workshop:**

1. _____ GEMNet Website/Social Media Handle
2. _____ Kenyatta University website
3. _____ Your employer or colleagues at your workplace
4. _____ Other (please specify) _____

Once completed, the reference form (see page 8 -9) must be submitted in support of your application. Please list below the name of the referee you have selected. **Reference should be received by June 30, 2023.**

Name

Position/Institution

**Date you requested reference and
email of Referee**

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Date _____ Signature of applicant _____

Name and title of nominating official (usually a department head or immediate supervisor) *(Please print.)*

Signature of nominating official _____ Date _____

Completed applications, including required completed supplemental statements, should be received by **June 30, 2023**. Send the completed application by email directly to the Secretariat at:
Email: info@gemnet-health.net
Phone Contact: +233 547101830

Please be certain that the following materials are enclosed:

- ☐ Application ☐ Funding Form ☐ Workshop Statement

The reference form on pages 7-8 should be completed by the referee and submitted separately to the address above by June 30, 2023.

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SECTION B

FUNDING FORM

(Must be submitted with the application form.)

Note: All applicants are expected to seek funding from their home organizations or governments or from outside funding agencies.

PLEASE TYPE OR PRINT CLEARLY

Name of applicant _____

☐ I will be funded by the following sponsoring agency:

I contact person/Title _____

Name of funding organization _____

Mailing address _____

Telephone _____ Facsimile no. _____

E-mail address _____

☐ I have applied for funding from _____

(Name of funding agency-list all agencies to which you have applied)

☐ I am still seeking sponsorship and would like my application to be considered.

(Please forward confirmation of funding to the GEMNet-Health Secretariat upon notification from the sponsor.)

☐ I will be funded by family or friends or self-funded.

ESTIMATED WORKSHOP EXPENSES;

Workshop Tuition Fee:

(Workshop tuition fee includes workshop materials, airport transfers, and lunch on days when the workshop is in session. It does not include accommodation.) **The tuition fee does not include accommodation.**

USD 2,800.00

Accommodation Expenses:

The following accommodation options are available:

\$ USD 820 (modest lodge on campus); \$2,860 (hotel near campus).

The workshop venue will be at Kenyatta University School of Public Health campus.

**Options from
USD 820.00**

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SECTION C

Workshop Statement

(Must be submitted with application form)

Name of Applicant _____

Please describe your relevant education, research, and/or evaluation work experience, and indicate how participation in this workshop on impact evaluation will benefit your future work. If you are using a word processor, you may place your entire statement on a separate sheet attached to this form. Page limit: 1.

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REFERENCE FORM

CONFIDENTIAL

TO BE COMPLETED BY THE APPLICANT

Name of applicant _____

The candidate named above has applied for the *International Workshop on Impact Evaluation of Population, Health and Nutrition Programs*. It would be helpful to us in selecting candidates to have your evaluation of the applicant on the questions listed below. **Under no circumstances should the completed form be returned to the applicant.** References should be sent to the GEMNet-Secretariat by **June 30, 2023**, via email at info@gemnet-health.net

TO BE COMPLETED BY REFEREE

1. How long have you known the applicant? _____
2. How well and in what capacity do you know the applicant? _____
3. Please rate the applicant in terms of each of the following (*one checkmark for each row*):

	Exceptional	Well above Average	Above average	Average	Below average	Unable to judge
Leadership						
Creativity						
Initiative						
Professional Experience						
English language ability (if not a native speaker of English)						
Self-expression						
Overall intellectual ability						

4. What are the applicant's special academic/professional strengths and weaknesses?
5. What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?
6. Has the applicant shown noteworthy qualities of leadership in the organization and execution of research projects or other work? If so, please cite examples.
7. Please describe one or two projects relevant to the workshop in which the applicant has participated and indicate his or her role in those projects.
8. Do you recommend the applicant for this workshop on Impact Evaluation of PHN Programs?
- | | |
|---|---|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with reservation | <input type="checkbox"/> Do not recommend |
9. Any additional comments?

Signature _____ Date _____

Name and Position/Title *(Please print.)* _____

Complete Mailing Address *(Please include fax number and e-mail.)* _____
