**APPLICATION FOR SPONSORED DIPLOMA IN RESEARCH ETHICS**

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| **1. Full Name:** *Last or Family* | *Middle* | *First* |
| **2. Date of birth:** *mm/dd/yyyy* **3. Sex:** | **4. Permanent address:** **Street:**  **City:** **Country:** |
| **5. Telephone:****5b. Whatsapp no:** | **6. E-mail:** |
| 7. Education (include all post-secondary school degrees and professional training programs, in order, starting from the most recent) | 8. Language Proficiency |
| **Name and Location of Institution** | **Major** | **Degree** | **Date** | **Language**  | **Speaking Proficiency****(Yes/No)** | **Reading****Proficiency** **(Yes/No)** |
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| **9. Employment History (List your past two employments in order, starting from the most recent).**  |
|  **Position (Title)** | **Description of post held including your main responsibility and task** | **Dates of Employment (mm/dd/yyyy)** | **Employer’s Name.** | **Employer’s Contact** |
| **From**  | **To** |
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| 10**. Referees:** |
| **Full Name** | **Full Address** | **E-mail address** | **Cell phone number** | **Referee’s relationship with applicant** |
| **l.** |  |  |  |  |
| **II.** |  |  |  |  |
| **11. List any previous training in ethics or bioethics** | **Date started** | **Date Completed** |
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| **12. List any previous work on ethics in an administrative, academic or consulting capacity** | **Date started** | **Date Completed** |
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| **13. List any previous publication(s) in international peer-reviewed journals on ethics**  |
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| **14. Indicate the area(s) of research ethics that you are most interested in and why**  |
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| **15. Indicate how you will use the training provided by this program** |
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| **16. Provide additional information which in your judgment will help the admissions committee take a decision on your application**  |
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| **17. Certification:** I certify that the information provided in this Application Form and accompanying documents is true, complete and accurate to the best of my knowledge. I understand that inaccurate or incomplete information on any part of this application may result in cancellation of admission/sponsorship at any period during the program. **Applicant certifies in submitting this form that he/she has taken reasonable steps (in accordance with sound practices) to verify the information contained in this form. Applicant understands that Center for Bioethics and Research training program may rely on the accuracy of such information in negotiating and funding training and research activities during the applicant’s training period.** |
| **Signature of Applicant:**    | **Submission Date:**  |
| **Reserved for WAB:** | **Received Date:** |
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Also include with this application the following documents (incomplete applications will not be considered, and supplementary information will not be accepted. Please ensure that your application is complete before mailing. If you have questions, e-mail diploma@bioethicscenter.net

A. CITI-IRB CERTIFICATE IN

1. Informed consent module

2. Nigerian National Code for Health Research Ethics module

The links to these trainings are available on the West African Bioethics Training Program website.

B. ONE PASSPORT PHOTO (A digital passport photo can be provided. This will be posted on the course web site and attached to your admission file)

C. CURRICULUM VITAE (maximum three pages in the NIH Biosketch format - please see

template on website): listing your education (degrees, etc.); your work experience (organizations you work(ed) for, projects or researches you were involved in); and, if applicable, a list of
publications.

D. TWO LETTERS OF RECOMMENDATION

Two signed letters of recommendation should accompany the application and should comment on your professional experiences, capabilities and interests as these relate to the course.

1. One letter should come from the Director or Chair of your organization and clearly state your position and responsibilities.

2. The second letter should come from someone outside the organization who is familiar with your work. All letters should include contact information of the referee.

The letters of recommendation should be sent by e-mail to diploma@bioethicscenter.net. The subject line of the e-mail should state the name of the applicant that the referral letter is about.

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| Your application will be forwarded to the Program Management for decision. You will receive written notification of the decision  |
| Decision: Accept Not AcceptCOMMENTS: (For Program Management Use Only)  |

 Completed applications can be e-mailed or posted to:

 **CENTER FOR BIOETHICS AND RESEARCH**

 102 Bashorun Road, Ashi, Ibadan

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 Phone / Fax: 234-2-7512634, E-mail: diploma@bioethicscenter.net