**APPLICATION FORM**

*Photograph*

**ONLINE CERTIFICATE COURSE IN**

 **“INFECTION PREVENTION AND CONTROL”**

1. Name in full:

|  |
| --- |
|   |
| ….. |

1. Surname with Initials:

|  |
| --- |
|   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D D |  M |  M |  Y |  Y |  Y |  Y |
|   |  |  |  |  |  |  |  |

1. Date of Birth:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. National ID number:

|  |
| --- |
|   |

1. Designation:

|  |
| --- |
|   |
|  |

1. Address (Official):

|  |
| --- |
|   |
|  |

1. Address (Residence)

|  |  |  |  |
| --- | --- | --- | --- |
| Official |   | Residence |  |

1. Address to which correspondence should be directed to: (Please tick √ )

|  |
| --- |
|   |

1. Email address:
2. Contact telephone number:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Official: |   | Residence: |   | Mobile: |   |

1. Results of the English language Examination in G.C.E Ordinary Level Examination:

|  |  |
| --- | --- |
| Year | Result |
|   |   |

1. Results of the G.C.E. Advanced Level Examination:

|  |  |  |
| --- | --- | --- |
| Year | Subject | Results |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Computer Literacy

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | Average | Poor |
| M MS Word |  |  |  |
|  MS Power point |  |  |  |
|  MS Excel |  |  |  |

1. Computer courses followed (if any):

|  |
| --- |
|   |

1. Educational Qualifications:

|  |  |  |
| --- | --- | --- |
| Degree Degree/Diploma/Other | Year |  Institute |
|  |  |  |
|  |  |  |
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|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

1. Have you registered for a higher degree? (Please tick √)

If yes;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of Degree | Year of Reg | Duration | Field of study | Institution |
|  |  |  |  |  |
|  |  |  |  |  |

1. Past Work Experience:

|  |  |  |
| --- | --- | --- |
| Work Station | Duration of work | Designation |
|  |  |  |
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|  |  |  |

 ………………………………….

Date: Applicant signature

 …………………………………………………………………………………………………………………………

This form should be completed & returned **ON** or **BEFORE** the **20 April 2019** and sendvia email to **ipc@micro.cmb.ac.lk**

**or**

by surface mail to **Director, Certificate Course in IPC,** **Department of Microbiology, Faculty of Medicine, P O Box 271, Kynsey Road, Colombo 08.**

Please write **“Online Certificate Course in Infection Prevention and Control”** on the **TOP LEFT HAND CORNER** of the envelope.