



Mark Wainberg Fellowship Programme: Experts in HIV Service Delivery

Deadline for Application: 19 February 2018, 23:59 CET.

1. Please read the [FAQs](#) carefully. Only applications that fully adhere to the requirements will be considered to be eligible.
2. You must complete the following electronic application form. As you complete it, you will be able to save your modifications and go back to the updated version of your form later in time. When you are finished, save the form and press the Submit button on the last page.
3. The application can only be submitted electronically, in the format provided. Applications not submitted through the online system will not be accepted.
4. Please note that you may complete the application in English, French or Portuguese.
5. Please have a scanned copy of your terminal research degree ready to upload, as well as the letter of support from your institution.
6. Please make sure you have the flash plugin properly installed and active. Click [here](#) to verify the installation. Please use this [link](#) to access the Flash download page.

The Award Committee will review eligible application forms. Applicants will be prioritized on their potential to function as a multiplier and disseminate the knowledge learned in the fellows home country (e.g. towards other physicians, nurses, community healthcare providers, etc.). At the end of the fellowship, the Fellows should have skills that enable them to mentor and train other fellows.

Please note that upon completion of the Fellowship Programme, the Fellow should be able to return to work at their current institution. The International AIDS Society (IAS) and host institutions related to the Fellowship Programme are not responsible for further education, training or employment after the Fellowship Programme is complete.

Applicants will be notified of their status by end of March 2018.

I have read and understand the application requirements (in lieu of Applicant's Signature)*

Submit

Please note that this section will assess your eligibility to submit an application form for the Mark Wainberg Fellowship Programme. Please have a scanned copy of your diploma ready to upload. Please note that once you click SAVE and move forward, you will not be able to come back to this page and change the details you entered.

Eligibility criteria

First/Given Name*

Include all first names as they appear in your passport

Last/Family Name*

Include all last names as they appear in your passport

Email address (preferred)*

All-important communication will be sent to this e-mail address

1. Have you obtained your terminal research degree as a Medical Doctor¹ (e.g., MD followed by research training, MBBS, MBChB/MBBCh)? Please attach a copy of your diploma.*

- Yes
 No

Select file

2. Do you have a minimum of two years clinical experience?*

- Yes
 No

3. In which country do you work (please note that the fellowship programme is specific to candidates working in Africa):*

4. What is your motivation to become a specialist in HIV? (150 words max.)*

5. Does your current institution support your application to the Experts in HIV Service Delivery Fellowship Programme and agree for you to return upon completion of the programme? Please attach a letter of support from your institution with relevant contact details.*

- Yes
 No

Select file

Save

¹ Note: Masters Degree, Masters of Public Health or equivalent are not considered to be terminal research degrees.

Each section of the form can be saved by clicking the **SAVE** button at the bottom of the page. You will then receive an email with a link to the saved application. Once submitted, changes to the application will not be allowed. Once the form is complete, read carefully the **Signature of Acceptance and Certification** section and click **SUBMIT**. Incomplete applications will not be reviewed.

Section I
Applicant information

First/Given name*

Include all first names as they appear in your passport

Last/Family name*

Include all last names as they appear in your passport

Date of birth (month, day, year)*

Sex*

Highest degree/year obtained*

Nationality*

As it appears in your passport

E-mail address (preferred)*

All-important communication will be sent to this e-mail address

E-mail address (alternative)*

Only to be used if an error message is received from your preferred e-mail address

Telephone number*

Start with a "+" and country code, i.e. +1 234 567 890

Permanent mailing address*

This address will be used for any courier deliveries

Country*

Applicant's current position

Applicant's position title*

Date employment began (month, year)*

Name of institution*

Department, service, laboratory, or equivalent*

Institution mailing address*

Country where institution is located*

Institution type*

Select one from list provided

Save

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Section II
Applicant's education and training history
<i>Education: Please list all post-secondary education and/or training in which a diploma or degree has been or/and will be obtained, beginning with the most recent.</i>

1. **Name and location of institution***

Major field(s) of study*

Starting date (month and year)*

Name of diploma or degree*

Date received (month and year)*

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

2. Name and location of institution

Major field(s) of study

Starting date (month and year)

Name of diploma or degree

Date received (month and year)

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

3. Name and location of institution

Major field(s) of study

Starting date (month and year)

Name of diploma or degree

Date received (month and year)

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

4. Name and location of institution

Major field(s) of study

Starting date (month and year)

Name of diploma or degree

Date received (month and year)

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

<i>Additional Training: Please list any relevant training completed.</i>
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1. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

2. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

3. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

4. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

List your most significant research publications.

(limited to 500 words)

List your most significant honours, awards and other relevant accomplishments.

(limited to 500 words)

List any affiliations with HIV associations, groups or committees at a local, regional, national or international level.

(limited to 500 words)

Save

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<u>Section III</u>
Applicant's past positions
<i>Employment history: Please list your four most recent employers.</i>

1. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)
2. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)
3. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)
4. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)

Save

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Section IV
Institution Information

Please upload the letter of support from your institution indicating the commitment of the institution to support the applicants' enrolment in the fellowship programme for a duration of two years, with the possibility to return to work upon completion of the programme. Please also complete the contact information for a representative of your institution (e.g. mentor, department head, director).

Letter of support*

First/Given name*

Last/Family name*

Date of birth (month, day, year)*

Gender*

Nationality*

As it appears in your mentor's passport

Institution name*

Permanent mailing address*

This address will be used for all courier deliveries

Email address (preferred)*

All important communication will be sent to this e-mail address

Email address (alternative)*

Only to be used if an error message is received from the preferred email address

Telephone number*

Start with a "+" and country code, i.e. +1 234 567 890

Host Institution

Please indicate your first and second choice for the African-based host institution:*

Please indicate your first and second choice for the European-based host institution:*

*The Fellowship Programme will try to accommodate the preferences indicated, however please note that we cannot guarantee you will be granted your first choice.

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Submission

Applicant - Signature of acceptance and certification

I, the undersigned, certify that: (a) the information herein is true and complete to the best of my knowledge. I am aware that any false, fictitious or fraudulent statement may subject me to criminal, civil or administrative penalties.

I, the undersigned, understand that the International AIDS Society (IAS) and host institutions related to the Fellowship Programme are not responsible for any further education, training or employment after completion of the Fellowship Programme.

I accept the applications requirements (in lieu of applicant's signature)*

Preview

Click this link to preview your application.

Submit