

**REGIONAL WORKSHOP ON MONITORING AND EVALUATION OF POPULATION,  
HEALTH AND NUTRITION PROGRAMS  
7-11 November 2016**

**APPLICATION FORM**

*(Please type or use block letters and please write your full name as stated in your passport)*

- Female  
 Male

\_\_\_\_\_  
(Title) Mr., Mrs., Ms., Dr. (first and other name) **(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)

**Education history**

*If you have completed any post-graduate degrees since leaving secondary school, please list the details below (e.g., Bachelor, Masters, PhD, etc).*

<u>Year (s)</u>	<u>Institution and country</u>	<u>Major Focus/topic</u>	<u>Degree</u>

**Professional training**

*If you have attended any relevant short-term (non-degree) technical or professional training in the last five years, please list the details below.*

<u>Year</u>	<u>Host Organization and country</u>	<u>Topic</u>	<u>Comments</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>

Briefly describe your present duties and responsibilities, with specific emphasis on work related to the workshop: (If teaching and/or research are part of your job, please include a brief description of these as well.)

In which type of organization do you currently work?

1. \_\_\_ Donor organization (such as USAID, UNICEF, UNAIDS, DFID, NORAD)
2. \_\_\_ International Non-governmental organization
3. \_\_\_ Local Non-governmental organization
4. \_\_\_ Governmental organization
5. \_\_\_ Other (e.g., Project, Private consultancy, Research organization)

How many years in total have you been working professionally?

1. \_\_\_ Less than five years
2. \_\_\_ 5 – 10 years
3. \_\_\_ More than 10 years

Are you currently involved in monitoring and evaluation at any of the levels listed below (check as many as apply):

1. \_\_\_ International or Regional (S.E. Asia, W. Asia, E.Asia) level
2. \_\_\_ National level
3. \_\_\_ Provincial level
4. \_\_\_ District level
5. \_\_\_ Sub-district level
6. \_\_\_ Other (for example, project level)

Have you ever had an opportunity to prepare an M&E plan, on your own or as a team?

Yes \_\_\_\_\_ No \_\_\_\_\_ Comment: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Comment: \_\_\_\_\_

Have you ever participated in an *impact evaluation* (an evaluation to measure “cause and effect”)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Comment: \_\_\_\_\_

For how many years has monitoring and evaluation been all or part of your responsibilities at your work?

1. \_\_\_\_\_ One year or less
2. \_\_\_\_\_ 2-3 years
3. \_\_\_\_\_ 4 – 5 years
4. \_\_\_\_\_ 6- 10 years
5. \_\_\_\_\_ More than 10 years

If applicable, please list up to five recent writings, such as technical reports, M&E reports, manuals, conference presentations, journal articles, etc.

**Brief Title and type (report, article, conference presentation, etc)**

**Date and dissemination (internal publication, conference, journal, etc)**


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.

One reference (form enclosed) must be submitted in support of your application. Please list below the name of the referee you have selected. **Reference should be received by October 6, 2016.**

Name	Position/Institution	Date your requested reference

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 **October 6, 2016**. Send the completed application by airmail directly to: Associate Professor Amara Soonthornhdhada, Institute for Population and Social Research, Mahidol University, Salaya, Puttamonthon, Nakhon Pathom, 73170, Thailand. Fax: (66-2) 441-9333. Submission via e-mail is also acceptable. Contact address: [amara.soo@mahidol.ac.th](mailto:amara.soo@mahidol.ac.th)  
Please be certain that the following materials are enclosed:

- Application
- Funding Form
- Workshop Statement

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**FUNDING FORM**  
*(Must be submitted with application form)*

**Note:** All applicants are expected to seek funding from their home organizations or governments or from outside funding agencies. Available funding for participant costs is limited.

**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 IPSR upon notification from sponsor.)*

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

**ESTIMATED WORKSHOP EXPENSES;**

Tuition and fees (including health and accident insurance)	US\$ 1,800
Accommodation and living expense	US\$ 800
<b>Total (not including airfare and visa fees)</b>	<b>US\$ 2,600</b>

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**Workshop Statement**  
*(Must be submitted with application form)*

**Name of Applicant** \_\_\_\_\_

*Please indicate (1) how participation in the workshop will benefit your future work, and (2) briefly describe what you hope to learn from attending the workshop. (Use back and additional sheets if necessary). If you are using a word processor, you may place your entire statement on a separate sheet attached to this form.*

1. How workshop will benefit future work

2. What I hope to learn by attending workshop

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**REFERENCE FORM**

**CONFIDENTIAL**

**TO BE COMPLETED BY APPLICANT**

**Name of applicant** \_\_\_\_\_

The candidate named above has applied for the *Regional Workshop on Monitoring and Evaluation of Population and Reproductive Health Programs*. The workshop has been designed to build the capacity of professionals with skills on monitoring and evaluation of population and reproductive health 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 received by **October 6, 2016** at the following address:

Associate Professor Amara Soonthorndhada PhD.  
Workshop Organizer  
Institute for Population and Social Research  
Mahidol University at Salaya  
Phutthamonthon, Nakhon Pathom, 73170  
THAILAND

**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
<b>Leadership</b>						
<b>Creativity</b>						
<b>Initiative</b>						
<b>Professional Experience</b>						
<b>English language ability (if not a native speaker of English)</b>						
<b>Self-expression</b>						
<b>Overall intellectual ability</b>						

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 indicated his or her role in those projects.
8. Do you recommend the applicant for this workshop on Monitoring and Evaluation of Population and Reproductive Health 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.*) \_\_\_\_\_

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