



KENYA PAEDIATRIC FELLOWSHIP PROGRAM (KFPF) SPONSORSHIP APPLICATION FORM

Prerequisites for KFPF Fellowship sponsorship: (tick ✓all applicable fields)

1. Area of work:
 - Working in a Government Hospital, (priority to KFPF phase 1 beneficiary facilities), faculty in University of Nairobi, Aga Khan University, Moi University, Gertrude's/other public medical training institution, NEST sites, College of Paediatrics sites, National/County teaching & referral hospitals, FBO hospitals.
 - Eastern Africa region (Uganda, Tanzania, Ethiopia, Sudan, South Sudan) and ELMA supported countries (Malawi, Rwanda) for the paediatricians
2. Committed to complete training and bonding without defaulting
3. Not a previous beneficiary of the Kenya Paediatric Fellowship Program (KFPF)

All applicants are required to attach the following documentation:

1. Completed KFPF sponsorship application & bonding forms; pre-authorization (during the application), release & bonding (once admitted)
2. Personal statement/reflective thinking summary about your passion for the course and desired impact post-training
3. Updated curriculum vitae
4. Copies of relevant academic certificates, licenses, and transcripts
5. Copy of national identity card/passport

NOTE: An application that does not comply with the above requirements will be regarded as incomplete.

APPLICANT INFORMATION		APPLICATION DATE:
First Name:	Surname:	Preferred name:
Home Address:		Postal Code:
Country:	Town/City:	Affiliated Hospital/Institution: _____ Number of years worked in named institution: _____ For Paediatricians, also indicate number of years worked with the preauthorizing institution post specialization _____ Current Area/Department of Work: _____ Employment/Licence No: _____ Country regulatory body registration No: _____ Current Job Group (if applicable): _____ Current Gross Monthly Salary in KSH: _____
County:		
Phone No:	E-mail Address:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	National ID No/Passport No:	Date of Birth: /dd/mm/yr / Age (Years): _____
Date available to begin training: /dd/mm/yr /	Specialty or Sub-speciality applied for: Indicate Training Institution applied with:	

FUNDING: Tick appropriately	
Do you have any other funding source to cover training costs either partially or fully?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, indicate how much this other funding is and the source	

3. Organization	From:(month/year): / /	To:(month/year): / /
Job Title:	Supervisor:	
Responsibilities:		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Phone No: ()		

PRE-AUTHORIZATION FOR RELEASE

<p>THE PREAUTHORIZING ENTITY</p> <p><i>Statement of Release by Authorizing Officer:</i></p> <p>I hereby confirm that upon successful admission to the course applied for, _____ (<i>fill in the name of preauthorizing entity</i>) hereby commits to bond and release _____ (<i>fill in the name of the candidate</i>) for Training in _____ (<i>fill in the name of the course</i>) for a period of _____ years from _____ to _____</p>	
<p>Authorizing Officer's Name:</p>	<p>Designation of authorizing officer: Example: County employees should seek authorization from either <i>County Executive Committee Member-Health, Chief Officer of Health, or County Secretary</i></p> <p>Department of authorizing officer:</p>
<p>Official Stamp of the preauthorizing officer:</p>	<p>Date:</p>

After filling, download the form, have it signed and stamped by the Authorizing Officer, scan and then e-mail the duly completed application to the chosen training institution.

DISCLAIMER AND SIGNATURE

I hereby, certify that I have provided accurate information in this application. If this application leads to a training sponsorship:

- I understand that false or misleading information in my application or interview may result in my dismissal. Agree Disagree
- I understand that I am expected to complete the training and bonding without defaulting Agree Disagree

KFPF is committed to maintaining the highest degree of ethical conduct and integrity. Direct or indirect canvassing will lead to automatic disqualification. In case of any demands for bribe, kickback, payment, gift, favours, or thing of value in connection with preauthorization/release and bonding write to kfpf@kenyapaediatric.org

Signature of the Applicant:

Date: