

KENYA PAEDIATRIC FELLOWSHIP PROGRAM (KPFP) SPONSORSHIP APPLICATION FORM			
Prerequisites for KPFP Fellowship sponsorship: (tick <input checked="" type="checkbox"/> all applicable fields)			
1. Area of Work			
Working in a Government Hospital, (priority to KPFP 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.		<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> <li>Eastern Africa region (Uganda, Tanzania, Ethiopia, Sudan, South Sudan) and ELMA supported countries (Malawi, Rwanda) for the paediatricians</li> </ul>		<input checked="" type="checkbox"/>	
2. Committed to complete training and bonding without defaulting		<input checked="" type="checkbox"/>	
3. Not a previous beneficiary of the Kenya Paediatric Fellowship Program (KPFP)		<input checked="" type="checkbox"/>	
<b>All applicants are to attach the following documentation:</b>			
1. Completed KPFP sponsorship application & bonding forms; pre-authorization (during the application), release & bonding (once admitted)		System Tracking	<input checked="" type="checkbox"/>
2. Personal statement/reflective thinking summary about your passion for the course and desired impact post-training		Write this down there	
3. Updated curriculum vitae			<input checked="" type="checkbox"/>
4. Copies of relevant academic certificates, licenses, and transcripts(Scan and combine)			<input checked="" type="checkbox"/>
5. Copy of national identity card/passport			checked
<b>NOTE: An application that does not comply with the above requirements will be regarded as incomplete.</b>			
<b>APPLICANT INFORMATION</b>		<b>APPLICATION DATE: 2023-12-14</b>	
First Name: Ouma	Surname: Kabasel	Preferred Name: Test	
Home Address:		Postal Address:	
Country: Kenya	Town/City: Town	Affiliated Hospital/Institution: <u>KNH</u> Number of years worked in named institution: KKK For Paediatricians, also indicate number of years worked with the preauthorizing institution post specialization Current Area/Department of Work: KK Employment/Licence No: jkjk Country regulatory body registration No: 7890 Current Job Group (if applicable): D Current Gross Monthly Salary in KSH: 67000	
County: bungoma			
Phone No.: 07157772	E-Mail Address: aa@k.com		
Sex: Male <input type="radio"/> Female <input checked="" type="radio"/>	National ID/Passport: 56789	Date of Birth: 2023-12-14	Age(Years): 17
Date available to begin training: 2023-12-14	Specialty or Sub-speciality applied for: applied Indicate Training Institution applied with: with		
<b>FUNDING: Tick appropriately</b>			
Do you have any other funding source to cover training costs either partially or fully?		Yes <input checked="" type="radio"/> No <input type="radio"/>	
If Yes, indicate how much this other funding is and the source		dsdsd	

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Emergency contact details (should we need to contact you urgently)			
First Name: adada	Surname: adada	Title: adada	
1 <sup>st</sup> Contact No: adada		2 <sup>nd</sup> Contact No: adada	
Email: adada		Relationship to applicant: e.g. spouse, mother, father, brother, sister, aunt, colleague, etc.: adada	
ACADEMIC HISTORY: TERTIARY EDUCATION			
UNIVERSITY/COLLEGE, COUNTRY	START DATE	DATE OF COMPLETION	DEGREE/DIPLOMA ATTAINED
ddada	2023-12-14	2023-12-14	ddada
ddada	2023-12-14	2023-12-14	ddada
ddada	2023-12-14	2023-12-14	ddada
ddada	2023-12-14	2023-12-14	ddada
ANY ADDITIONAL QUALIFICATON ATTAINED			
TRAINING INSTITUTION, COUNTRY	START DATE	DATE OF COMPLETION	QUALIFICATION ATTAINED
ddada	2023-12-14	2023-12-14	wrwr
ddada	2023-12-14	2023-12-14	ewew
NAME OF RECOMMENDING SUPERVISOR AT THE HOSPITAL/INSTITUTION YOU ARE CURRENTLY STATIONED			
Title: dadad	Full Name: dadad		
Designation: dadad		Phone No: dadad	
Email Address: dadad		Department: dadad	
REFERENCES Please list 2 professional references			
1. Title: dadad		Full Name: dadad	
Organization: dadad		Phone No: dadad	
Email Address: dadad		Job Title: dadad	
2. Title: dadad		Full Name: dadad	
Organization: dadad		Phone No: dadad	
Email Address: dadad		Job Title: dadad	
CURRENT AND PREVIOUS EMPLOYMENT (Note: Start with the most current)			
1. Organization: dadad		From: dadad To: dadad	
Job Title: dadaddadad		Supervisor: dadad	
Responsibilities: dadad			
May we contact your previous employment for a reference?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Phone No# (000)
2. Organization: dadad		From: dadad To: dadad	
Job Title: dadad		Supervisor: dadad	

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Responsibilities: dadadv			
May we contact your previous employment for a reference?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Phone No# (000)
3. Organization: dadad		From: dadad To: dadad	
Job Title: dadad		Supervisor: dadaddadad	
Responsibilities: dadad			
May we contact your previous employment for a reference?	Yes <input type="radio"/>	No <input type="radio"/>	Phone No# (000)
PRE-AUTHORIZATION FOR RELEASE			
<b>THE PREAUTHORIZING ENTITY</b> <b>Statement of Release by Authorizing Officer:</b>  I hereby confirm that upon successful admission to the course applied for, _____ (fill in the name of preauthorizing entity) hereby commits to bond and release _____ (fill in the name of the candidate) for Training in _____ (fill in the name of the course) for a period of _____ years from _____ to _____			
Authorizing Officer's Name:		Designation of authorizing officer: <b>Example: County employees should seek authorization first from County Executive Committee Member-Health (CECM-Health)</b>  <b>*If CECM-Health is unavailable, the Chief Officer of Health should authorize and if unavailable, the County Secretary could authorize</b>	
Official Stamp of the preauthorizing officer:		Department of authorizing officer:  Date:	
<b>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.</b>			
DISCLAIMER AND SIGNATURE			
I hereby, certify that I have provided accurate information in this application. If this application leads to a training sponsorship:			
<ul style="list-style-type: none"> <li>I understand that false or misleading information in my application or interview may result in my dismissal.</li> </ul>		Agree <input type="radio"/> Disagree <input checked="" type="radio"/>	
<ul style="list-style-type: none"> <li>I understand that I am expected to complete the training and bonding without defaulting</li> </ul>		Agree <input checked="" type="radio"/> Disagree <input type="radio"/>	
KPFP 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 <a href="mailto:kpfp@kenyapaediatric.org">kpfp@kenyapaediatric.org</a>			
Signature of the Applicant:		Date:	