



Royal Tropical Institute

KIT Development Policy & Practice

Application

International Course in Health Development (ICHD/MPH)

P.O. Box 95001
1090 HA Amsterdam
The Netherlands
Phone: +31 (0)20 568 8256
Phone: +31 (0)20 568 8427
Fax +31 (0)20 568 8677
courses@kit.nl
www.kit.nl/training

Indicate the degree you are applying to

ICHD/MPH ICHD/MPH - Specialization in HIV/AIDS

Indicate the year you are applying to

.....

Personal details

Family name

Male Female

Given name(s)

Date of birth

Place of birth

Nationality

Marital status

Married Single

Mailing address

Residence address

Telephone

Fax

E-mail

List your most recent qualification first. Postgraduate or professional courses can be listed in the next section. Include certified true copies of diplomas and transcripts, accompanied by certified translations if they are not in English.

Name of institution	Location	Years attended (from - to)	Field of study	Degree awarded
.....
.....
.....

Postgraduate courses

List your most recent course first.

Name of institution	Location	Dates (from - to)	Subject	Qualification
.....
.....
.....

Employment record

List your present employer below and your previous employer on the reverse. Continue on a separate sheet if you have had more than two employers in the last five years, or have held posts simultaneously.

Present/most recent employer	Period of employment
Address of employer
Telephone	Fax
E-mail
Type of organization	Position
Describe your duties and responsibilities	

→→→ Continue on the reverse

Previous employer _____ Period of employment _____

Address of employer _____

Type of organization _____ Position _____

Describe your duties and responsibilities _____

References

List two people who have agreed to act as a reference for you.

Name _____

Position _____

Address _____

E-mail _____ Fax _____

What is your relation to this person? _____

Name _____

Position _____

Address _____

E-mail _____ Fax _____

What is your relation to this person? _____

Additional details

English proficiency: check the box that applies to you

- I am a native English speaker or completed my higher education in English
- I have taken an English proficiency test (TOEFL or IELTS). Certificate is enclosed with this application
- I will take an English proficiency test (TOEFL or IELTS). Certificate to follow at a later date

How did you hear about this course?

- KIT alumni
- Brochure
- Africa Health
- Website
- Other:

Would you like to receive updates via our digital newsletter?

- Yes
- No

Who will pay for your study costs and living expenses?

Fee payment

- Myself
- My employer
- I have applied for a fellowship from:
- I have applied for a NFP fellowship
- I have obtained a fellowship from:

Signature and enclosures

I declare that the information I have provided on this application is true and complete.

Date _____ Signature _____

Include the following documents with your application

- Complete and up-to-date curriculum vitae and a list of publications, if applicable
- Certified copies of academic transcripts and diplomas
- Certified translations of academic transcripts and diplomas if they are not in English
- If applicable proof of competency in English (TOEFL or IELTS)
- A description of your reasons for applying to the course (250 words maximum)
- Please indicate any special needs due to physical or learning disabilities.

Send this form, including enclosures, to:
 Royal Tropical Institute, KIT Development Policy & Practice, Area Education
 ICHD/MPH Course Coordinator
 P.O. Box 95001, 1090 HA Amsterdam, The Netherlands
 In all correspondence, please mention your full name, nationality and the course to which you are applying.