**IVI’s 21st International Vaccinology Course**

**FELLOWSHIP APPLICATION FORM**

**Sept 26-30, 2022 | Seoul, Korea**

IVI provides fellowships to people from low- and middle-income countries who are otherwise unable to attend the course. A select number of fellowships are competitively awarded to individuals with financial need, leadership potential, and who have made contributions to public health in their country. The fellowships are an essential component of the course, reflecting IVI’s mission and values.

**Registration Form Instructions:** Please fill out the form clearly and completely. All relevant information should be included on this form and, if necessary, attach additional pages. Be sure to sign and date the form.

#### PERSONAL INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name |  | Given (First) names: |  | |
| Address |  | | | |
|  | | | |
| Tel |  | Fax: |  | |
| Email |  |  | | |
| Nationality |  | Sex: | Male Female | |
| Pre-existing medical condition we should be aware of | Yes  No | If yes, please describe |  | |
| Dietary restrictions  (if applicable) |  | | | |
| Emergency contact name & relation |  | | Tel | Email |
| COVID 19 Vaccination | Primary series  Primary series + Booster  Not Yet | | | |

#### EDUCATION Qualifications (start with most recent);

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| --- | --- | --- | --- | --- |
| University/school  (given the name of city, country) | Year | | Field | Degree |
| From | To |  |  |
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#### PRESENT AFFILIATION(Choose ONE)

|  |  |
| --- | --- |
| Academia | Commercial |
| Non-profit | Hospital |
| Government Institution / Agency \*  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Post-Doc/fellow/student | |
| Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

\* Note: Includes:

Any officer or employee of a government or any department, agency or instrument of a government;

Any person acting in an official capacity for or on behalf of a government or any department, agency, or instrument of a government;

Any officer or employee of a company or business owned in whole or part by a government;

Any officer or employee of a public international organization such as the World Bank or United Nations;

Any officer or employee of a political party or any person acting in an official capacity on behalf of a political party;

and/or any candidate for political office.

#### PRESENT AFFILIATION IN DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of institution /company | From | To | Job Title | Field |
|  |  |  |  |  |
| Address: | | | | |
|  | | | | |

#### PAST EXPERIENCE (start with most recent);

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name ofinstitution/company | From | To | Job Title | Field |
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#### PUBLICATIONS LIST (MAX 5)

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**GENERAL STATEMENT**

1. If you have previously applied for this course fellowship and not been accepted, please state the years you applied:

*2.* Please describe your relevant experience in vaccinology and present activities.

3. What are your reasons for attending the Vaccinology Course?

4. What topics or issues in vaccinology are of most interest to you?

5. Will this course have an impact in your institution or country? If so, what are they?

6. How did you hear about the Vaccinology Course?

|  |
| --- |
| **PERSONAL STATEMENT**  1: What are your personal and professional expectations of the Vaccinology Course and how will the Course help you in your work? (500 words maximum).  2. What will you contribute to the Vaccinology Course? (500 words maximum).  3. Poster Presentation: Fellows will present a poster on a research or programmatic topic pertaining to their work in vaccinology (past or current). Please provide poster title, and brief abstract of your presentation. IVI Fellowship Selection Committee will call for Zoom/Teams call only for short-listed applicants. |

□ Poster Title:

□ Abstract of your poster presentation:

4. Letter of Recommendation**\*\*(**from institutional head or mentor)

\*\* Scanned / faxed copy of letter of recommendation is acceptable.

Letter of Recommendation attached to on-line application form

Letter of Recommendation NOT attached to on-line application form

By signing below, I certify the information I provided on and in connection with this form is true, accurate and complete. I understand that any false statements may be grounds for disqualification from the fellowship.

|  |  |  |
| --- | --- | --- |
| Signature of applicant |  | Date (dd/mm/yyyy) |