**Stop Transmission of Polio (STOP) Program Application**

Please review the instructions before completing your STOP application and CV to ensure your application is complete. Incomplete or incorrect applications will not be considered.

**PERSONAL INFORMATION**

1. Name (as it appears on your passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex: \_\_\_\_\_\_\_\_\_\_\_
3. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of Birth (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Present Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Highest Degrees earned (Please list degree title. No diplomas or certificates):

Bachelors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Masters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctorate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION**

1. Primary **Physical** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND INFORMATION**

1. How did you hear about the STOP Program?

STOP website  Colleague/ Friend  CDC  WHO  UNICEF

Conference/ Recruitment event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social marketing network (i.e. Facebook, LinkedIn, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why are you interested in being a STOP volunteer?

1. List previous international experience outside of country of birth (work, school, travel, training)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Country** | **Start and end dates** | **Reason/Purpose** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. Language:

Level of English:  Basic  Intermediate  Advanced

Please list all other languages you speak fluently. Language fluency will determine country assignment, if accepted.

**PROFESSIONAL BACKGROUND**

1. Experience with:

WHO  UNICEF  ROTARY

US Government Federal Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NGOs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. US Government Fellowships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. WORK HISTORY

Current Employer:

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Ended (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Contact: Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List specific duties you performed in this position:

Previous Employer:

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Ended (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Contact: Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List specific duties you performed in this position:

1. Check for are you are applying for: Field Epidemiology, Data Management, or Communication (select only one position).

Field Epidemiology (surveillance, EPI, immunization) – questions found on page 4

Data Management (data recording, analysis, and use) - questions found on page 6

Communication (social mobilization, media, IPC) - questions found on page 9

Please check the box for the position for which you also have experience in

Field Epidemiology (surveillance, EPI, immunization)

Data Management (data recording, analysis, and use)

Communication (social mobilization, media, IPC)

**RELEVANT WORK EXPERIENCE**

\*\*Text boxes have unlimited lengths

**Complete this section if desired position is Field Epidemiology**

**Field 1** – List the number of years of experience you have in public health disease surveillance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your public health disease surveillance experience:

**Field 2** – List the number of years of experience you have in field epidemiology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your field epidemiology experience (e.g., outbreak investigations, field surveys):

**Field 3** – List the number of years of experience you have in mass immunization programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience with mass immunization programs (NIDs, SIAs, Mop-ups):

**Field 4** – List the number of years of experience you have in the implementation of routine immunization-related public health programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience with routine immunization-related public health program implementation (especially with EPI):

**Complete this section if desired position is Data Management:**

**Data 1** - List the number of years of experience you have working in public health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience working at different levels of the public health system.

**Data 2** - List the number of years of experience you have supporting public health surveillance or immunization health information systems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience supporting public health surveillance or immunization health information systems:

**Data 3** - List the number of years of experience you have planning and facilitating training related to data management processes (data recording, analysis, interpretation, use): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience planning and facilitating training related to data management processes:

**Data 4** - List the number of years of experience you have developing system and/or human resource capacity to strengthen health information systems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience developing system and/or human resource capacity to strengthen health information systems:

**Data 5** - List the number of years of experience you have developing and/or implementing data quality assurance processes or data quality control activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience developing and/or implementing data quality assurance processes or data quality control activities:

**Data 6** - List the number of years of experience you have using software to manage immunization and/or surveillance data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience working with District Health Information System (DHIS), Excel, Epi Info, Epi Map, MS Access, or other software/programs used to manage immunization and/or surveillance data:

**Data 7** - List the number of years of experience you have properly documenting activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience properly documenting activities, including the development of standard operating procedures, standardized reporting forms, and action or work plans:

**Data 8** - List the number of years of experience you have applying data towards public health action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience applying data towards public health action such as the development of policy or interventions (please provide a specific example and if possible, outcome):

**Complete this section if desired position is Communication**

**Communication 1** – List the number of years of experience you have in public health communication, behavior change communication, and communication for development (C4D): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your work experience in planning and implementing public health communication, behavior change communication, and communication for development (C4D):

**Communication 2** – Indicate the number of years of public-health experience you have in media: \_\_\_\_\_\_\_\_\_

Describe your public health-related media experience:

**Communication 3** – List the number of years of experience you have in social mobilization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your work experience in planning/implementing social mobilization activities, as related to public health or immunization programs:

**Communication 4** – List the number of years of experience you have in Interpersonal Communication (IPC) training and/or other public health media or communication training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience in IPC training and/or other public health media or communication training:

**PROFESSIONAL REFERENCES** (to be completed for all positions – Field epidemiology, Data Management, and Communication)

**List 5 people not related to you who are familiar with your character and qualifications, at least two of them should be current or previous work supervisors.**

\* Text Fields have unlimited lengths

**1**. Name

Telephone number 1:       Telephone number 2:

**Email address - 1:**

Email address - 2:

Organization:       Title:

Your professional relationship to this person:

**2**. Name

Telephone number 1:       Telephone number 2:

**Email address - 1:**

Email address - 2:

Organization:       Title:

Your professional relationship to this person:

**3**. Name

Telephone number 1:       Telephone number 2:

**Email address - 1:**

Email address - 2:

Organization:       Title:

Your professional relationship to this person:

4. Name

Telephone number 1:       Telephone number 2:

**Email address - 1:**

Email address - 2:

Organization:       Title:

Your professional relationship to this person:

**5.** Name

Telephone number 1:       Telephone number 2:

**Email address - 1:**

Email address - 2:

Organization:       Title:

Your professional relationship to this person: