**REGISTRATION FORM**

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|  | 1. Name (CAPITAL LETTERS).................................................................................................... | | |
|  | 1. Date of birth………………………………………………………… | | Sex........................  Male/Female |
|  | 1. Nationality…………………………………………………………………………………………………………… | | |
|  | 1. ID number/ passport number………………………………………………………………………………. | | |
|  | 1. Place/Date of issue: ……………………………………………………………………………………………… | | |
|  | 1. Working position: ………………………………………………………………………………………………… | | |
|  | 1. Contact detail:   Telephone number…………………….E-mail………………………………………………………………………...  Fax:………………………………………………………………………………………......................................................... | | |
|  | 1. Qualification………………………………………………………………………………………………………… | | |
|  | 1. What original master program that you have participated in tropEd member institution: …………………………………………………………………………………………………………………..   ......................................................................................................................................................................................... | | |
|  | 1. What course will be registered *(Pls. circle the number for the course that you choose)* | 1. Bridging the gap between research and health policy making 2. Principle and practice of injury prevention 3. One Health Approach to Emerging and Re-emerging Zoonotic diseases 4. Leadership in Management in Resource-limited Settings | |
|  | 1. Express your ideas the reasons why you register the course at HUPH:   .………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………….……………………………………………………………………………………………………………………………… | | |
|  | 1. Emergency contact: person, address, phone number (Write in detail and clearly)   ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………   1. If visa application required (that may involve the invitation letter issued by Hanoi School of Public Health), please also provide passport details as scanned copy via email (in PDF or JPEG format) to Dept. of External Relations & Cooperation – HSPH contact person: Dr. Nguyen Ngoc Bich: [nnb@hsph.edu.vn](mailto:nnb@hsph.edu.vn) 2. Other support: Please specify in detail if you need: 1)logistic support/accommodation arrangement during your stay; 2) transportation guidance and support (to/from airport):   ……………………………………………………………………………………………………………………………………… | | |

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|  | *Date month Year*  ***Signature*** *(and full name )* |