

STOP 57 Application Data Manager

Ensure that all of your personal information is consistent with your official documents. Note that the email address you used to complete your application is the email used to receive updates regarding your application.

A. STOP Experience

A1. Have you previously been on a STOP assignment?*

- Yes
- No

A2. What was your training cohort number?

A3. What was your country of assignment?

B. Personal Information

B1. Salutation

- Mr.
- Ms.
- Mrs.
- Dr.

B2. Last Name*

B3. First Name*

B4. Middle and Other Name(s)

B5. Date of Birth*

C. Contact Information

Current residence

C1. City*

C2. Country*

C3. Email (Primary)*

C4. Email (Secondary)

C5. Phone Number (Primary)*

C6. Phone Number (Secondary)

D. Education

D1. Educational experience*

- Doctorate
- Master's
- Bachelor's
- Other

D2. If Other, describe educational experience.

D3. Doctorate type

- MBBS
- MD
- PhD
- Other doctoral level

D4. Doctorate Degree Topic or Area of Study

D5. Master's Degree Topic or Area of Study

D6. Bachelor's Degree Topic or Area of Study

D7. Explain degree topic or area of study

E. Expertise

E1. Do you have Field Epidemiology Training Program (FETP) experience?*

- Frontline
- Intermediate
- Advanced

E2. Have you participated in the Public Health Emergency Management (PHEM) program?*

- Yes
- No

E3. Have you ever worked outside of your home country?*

- Yes
- No

E4. If yes, where?

E5. Languages Spoken*

Language	Proficiency
a.	<input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Native
b.	<input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Native
c.	<input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Native

E6. Which of the following tools have you used to support immunization or VPD surveillance data analysis, reporting, feedback, or decision-making?*

- a. DHIS2, SORMAS or other Health information system
- b. Epi Info
- c. Excel
- d. MS Access
- e. ODK/KoboCollect/Ona/RedCap
- f. QGIS/ArcGIS
- g. R/SAS
- h. Power BI/Tableau
- i. Other

E7. If Other, specify.

E8. For each software/tool, select the number of years of experience and your level of proficiency.*

Tool	Years of Experience	Proficiency
a. DHIS2/SORMAS	<input type="radio"/> <2 <input type="radio"/> 2–4 <input type="radio"/> 5+	<input type="radio"/> No experience <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced
b. ODK/Kobo/Ona/REDCap	<input type="radio"/> <2 <input type="radio"/> 2–4 <input type="radio"/> 5+	<input type="radio"/> No experience <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced
c. Excel	<input type="radio"/> <2 <input type="radio"/> 2–4 <input type="radio"/> 5+	<input type="radio"/> No experience <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced
d. QGIS/ArcGIS	<input type="radio"/> <2 <input type="radio"/> 2–4 <input type="radio"/> 5+	<input type="radio"/> No experience <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced
e. Power BI/Tableau	<input type="radio"/> <2 <input type="radio"/> 2–4 <input type="radio"/> 5+	<input type="radio"/> No experience <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced
f. R studio /SAS	<input type="radio"/> <2 <input type="radio"/> 2–4 <input type="radio"/> 5+	<input type="radio"/> No experience <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced
g. DHIS2	<input type="radio"/> <2 <input type="radio"/> 2–4 <input type="radio"/> 5+	<input type="radio"/> No experience <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced

E9. If Other, specify.

E10. Briefly describe one or two tools you have used most frequently and how you applied them to support data review, feedback, or decision-making (e.g., review meetings, bulletins, dashboards, outbreak response).*

E11. Describe your experience using data to support program review, feedback, or decision making (e.g., review meetings, bulletins, dashboards). Where applicable, include experience with higher-level or multi-source analysis, and describe how you translated findings into clear, actionable recommendations. Please include a specific example and if possible, the specific outcome.*

E12. How many years of experience do you have supporting data management for public health programs?*

- 1-4
- 5-9
- 10+
- I do not have experience supporting data management for public health programs.

E13. How many years of experience do you have supporting immunization and/or disease surveillance data management?*

- 1-4
- 5-9
- 10+
- I do not have experience supporting data management for public health programs.

E14. Describe your experience disseminating data that is used for making public health decisions.*

E15. How many years of experience do you have supporting information systems for public health programs?*

- 1-4
- 5-9
- 10+
- I do not have experience supporting information systems for public health programs.

E16. Describe your experience working at different levels (national, subnational, and facility levels) , and how data was reviewed or used across these levels.*

E17. How many years of experience do you have supporting data quality assurance processes or data quality control activities?*

- 1-4
- 5-9
- 10+
- I do not have experience supporting data quality assurance processes or data quality control activities.

E18. Describe your experience supporting data quality improvement, including assessment, feedback to data sources, and actions taken to address data issues.*

E19. How many years of experience do you have supporting capacity building to strengthen health management information systems?*

- 1-4
- 5-9
- 10+
- I do not have experience supporting capacity building to strengthen health management information systems.

E20. Describe your experience developing system capacity (developing/updating SOPs, standard reporting forms, action/work plans, etc.) to strengthen health information systems.

E21. Describe your experience developing human resource capacity (mentorship, coaching, supportive supervision, on-the-job training, etc.) to strengthen health information systems.*

E22. How many years of experience do you have in planning and facilitating training on data management practices and data quality improvement (data recording, analysis, interpretation, use)?*

- 1-4
- 5-9
- 10+

E23. Describe your experience planning and facilitating training related to data quality improvements.*

E24. Describe your experience synthesizing or reviewing data from multiple sources (e.g., immunization, surveillance, laboratory, population data) to support program planning or response.*

E25. Describe your experience supporting routine data feedback mechanisms, such as review meetings, feedback reports, bulletins, dashboards, or EOC briefings. What role did you play?*

E26. Describe your experience working with Ministries of Health or national counterparts to assess data system gaps and agree on priority actions.*

E27. Describe the most common challenge you have faced working in Data Management (including the areas listed above), including the methods you used to overcome them.*

I agree that my personal information and work experience above are a true representation of myself and my work. I have not copied, in part or whole, or otherwise plagiarized the work of any other person.

Signature*