

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

8. Primary **Physical** Address:

- Phone 1: _____ Phone 2: _____
- Email 1: _____ Email 2: _____

BACKGROUND INFORMATION

9. 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: _____

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

11. 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			

12. 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

13. Experience with:

- WHO UNICEF ROTARY
 US Government Federal Agency: _____
 NGOs: _____

14. US Government Fellowships: _____

15. 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:

16. Check for are you are applying for: Field Epidemiology, Immunization and Surveillance Data Specialist, or Communication (select only one position).

- Field Epidemiology (surveillance, EPI, immunization) – questions found on page 4
- Immunization and Surveillance Data Specialist (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)
- Immunization and Surveillance Data Specialist (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 Immunization and Surveillance Data Specialist

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, **Immunization and Surveillance Data Specialist**, 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: _____
