

**Application form for international course at National TB & Leprosy Training Center, Zaria Nigeria**

**1. Personal profile**

Ms. or Mr. Title	
Family Name	
First Name (s) (as in passport)	
Organization	
Address  Postal Code/ City  Country	
Fax	
Telephone number including country code	
Email address	
Professional education	
Actual position	
For how long do you work TB, HIV and Leprosy program?	
Indicate whether you are applying <b>to be sponsored</b> or <b>able to sponsor yourself</b> from other sources	
Did you attend the management course before? If yes indicate where and for how long?	
List four priority challenges of the NTP or HIV program in your country	

**2. Please enclose a scanned copy of your passport**