|  |  |
| --- | --- |
| AFFIX  YOUR  RECENT  PASSPORT PHOTOGRAPH HERE | **Paediatric Endocrine Training Centre West Africa , Lagos, Nigeria**  **Steering Committee Members**  **Prof. Abiola Oduwole Society for Paediatric &**  **Adolescent Endocrinology**  **In Nigeria**  **Ian Hughes European Society for Paediatric**  **Endocrinology**  **Dr. Chizo Agwu International Society of**  **Paediatric and Adolescent**  **Diabetes**  ***PAEDIATRIC ENDOCRINE TRAINING CENTRE WEST AFRICA*** |

**PART ONE: Personal Information**

Please tell us a little more about yourself here:

Full Name **\***

First Name Other Names Last Name

Date of Birth **\***

Day Month Year

Marital Status **\***

Citizenship **\***

Passport Number Expiry Date

E-mail **\***

Address **\***

Line 1

Line 2

City State

Postal Country

Phone Number (s) **\***

Area code Phone Number

Area Code Phone Number

**PART TWO: Next of Kin (Contact in Case of Emergency)**

Full Name **\***

First Name Other Names Last Name

Relationship **\***

Address **\***

City State

Phone Number **\***

Area code Phone Number

E-mail **\***

**PART THREE: Additional Documentation**

To make sure your application is complete, please be sure to provide the following information:

Name of two Academic Referees **\***

**University Education and Qualifications obtained**

Medical degree**\***

University attended**\***

Date**\***

Started Ended

Field of Study **\***

Paediatric Training **\***

Other Degrees and Diplomas (where applicable) **\***

State Qualifying practical experience in Paediatrics **\***

Indicate ability to raise International Medical insurance cover **\***

Name and Address of current Employer **\***

**Name**

**Address**

**Address**

**I certify that the information I have provided is correct \***

**Name**

**Signature Date**

**Attachments Required:**

* Curriculum Vitae
* Two letters of recommendation
* Degrees and Diplomas in Paediatrics
* Others if applicable