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| AFFIXYOURRECENTPASSPORT 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 ENDOCRINETRAINING CENTREWEST 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