*(Please type or use block letters)*

❑ Female ❑ Male

1. **Title:** Mr./Mrs./Dr./Prof.: …………………………………………………………………………………………….
2. **Current position/job title:** …………………………………………………………………………………………..
3. **College Affiliation: .**………………………………………………………………………………………………….
4. **Department: …**………………………………………………………………………………………………………..
5. **Telephone number:** …………………………………………………………………………………………………..
6. **E-mail address:** ……………………………………………………………………………………………………….
7. Describe your current research interests in not more than 100 words.

8 I would be interested in submitting a systematic review protocol after the workshop Yes No

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed applications should be received by July 13**, 2018**.

Email: [angeladjeiley@yahoo.com](mailto:angeladjeiley@yahoo.com) with copies to [aengmann@staff.ug.edu.gh](mailto:aengmann@staff.ug.edu.gh) and [sylvamexo@yahoo.co.uk](mailto:sylvamexo@yahoo.co.uk)