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| **Description: ResearchCochrane_Nigeria_Stacked_RGB.jpg**Institute of Tropical Diseases Research & Prevention Calabar**COCHRANE REVIEW MENTORING RETREAT** **16-22 JULY 2017** |
| **APPLICATION FORM** |
| **YOUR DETAILS** (Please attach your curriculum vitae (CV)) |
| Title:  | First Name: | Family name: |
| Full Postal Address: |  |
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| E-mail: |  |
| Telephone (including country code): (work) | (home) |
| Fax (including country code): |  |
| **Title of Cochrane review:** |
| **Cochrane Review Group (CRG):**  |
| **Have you attended any Cochrane training courses?** *(If yes, please provide details including course name, date, and location)* |
| **Has your Cochrane systematic review protocol been published? If so, when was it published in the Cochrane Library**? |
| **Reason for award**: Please provide us with a short summary of why you should be considered for this Programme (maximum 200 words). |
| **Signature**: | **Date**: |

Please send the completed application form and CV to cochranenigeria@yahoo.co.uk and copy Bisi at olabisioduwole@yahoo.co.uk

Please indicate **‘COCHRANE REVIEW MENTORING RETREAT 2017’** as the subject of the email.