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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](mailto:cochranenigeria@yahoo.co.uk) and copy Bisi at [olabisioduwole@yahoo.co.uk](mailto:olabisioduwole@yahoo.co.uk)

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