

SUBMIT TO: tranthetrung73@yahoo.com

Epidemiological Research Training Course VI-1

Application form: AUDIT course

(Please print in English.)

Name: _____

Mailing Address: _____

Number and Street

City, Province

Telephone: _____

E-mail: _____

Affiliation

Name of Hospital / University / Other institutions:

Position: _____

Have you had a course in epidemiology and/or biostatistics after graduating medical school? Yes, Epidemiology Yes, Biostatistics

Have you attended our Epidemiological Research Training Course I-V? Yes No

Are you currently studying in a graduate course? Yes No

SUBMIT TO: tranthetrung73@yahoo.com

Epidemiological Research Training Course VI-1

Application form: PROJECT course

NOTE 1. All members in your groups should fill in the applicant information part in the first page.

(Please print in English.)

Name: _____

Mailing Address: _____
Number and Street

City, Province

Telephone: _____

E-mail: _____

Affiliation

Name of Hospital / University / Other institutions:

Position: _____

Have you had a course in epidemiology and/or biostatistics after graduating medical school? Yes, Epidemiology Yes, Biostatistics

Have you attended our Epidemiological Research Training Course I-V? Yes No

Are you currently studying in a graduate school? Yes No

NOTE 2. Please submit one-page research proposal as a group.

Brief research proposal

Hospital / university /
other institutes

Institute:

Department:

Group members

NAME

Position

Degree

(Max. 7 members.)

(All members should be able
to participate fully in the
project.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Title

Background

(Please cite
references.)

References

Research objective

(Be precise as
possible)

Methods

Study design

Subjects

Survey methods

Principle investigator

NAME:

Contact

E-mail:

(Please assign a team
leader.)