

The Institute for Global Health at BC Children's and Women's Hospital Global Health Allies Pilot Program 2024

Application Form

APPLICANT INFORMATION			
Date		BCCNM License #	
Last Name		First Name	DOB
Phone		Work Email	
<i>Persons participating in this program must have a valid passport that will enable them to travel abroad.</i>		Do you have a valid passport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EDUCATION/EMPLOYMENT INFORMATION			
What types of certification(s) do you have (clinical or non-clinical)?			
Job Title		What program do you work in?	
Employee ID		Years/months employed at PHSA (min 18 months)	
Program Manager		Program Manager's Email	
DISCLAIMER AND SIGNATURE			
I would like to be considered for the Global Health Allies Pilot Program. I understand that, if selected, I will be expected to participate in all 3 phases of the program: pre-departure training, travel, and evaluation. I understand that qualified applicants will have a personal interview with The Institute for Global Health at BCCWH's leadership team.			
Signature		Date	

By entering your name in the eSignature box above, you are declaring that all the information in the application is correct, and you are indicating your interest in participating in the Global Health Allies Program.