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**HIGHER EDUCATION RESOURCE SERVICES EAST AFRICA**

[www.HERSEA.org](http://www.HERSEA.org)

# HERS-EA FIFTH ACADEMY JULY 19th – 25th 2024

Passport Photo

2” x2”

# REGISTRATION FORM Return filled-in form to: info@hersea.org by JUNE 28th, 2024

Please answer each question fully.

1. **PERSONAL INFORMATION**

|  |
| --- |
| Surname Name: |
| Other Name (s): |
| Title: |
| Nationality: |
| Country of residence: Marital status: |
| Address: |
| Telephone Number (Including country code): |
| E-mail Address: |
| Expected Funder: Self/Employer/Other (Please specify): |

1. **PROFESSIONAL INFORMATION**

|  |
| --- |
| Name of Institution:  |
| Position at Institution: |
| Address: |

1. **QUALIFICATIONS**

Please give exact titles of degrees in original language. Do not translate or equate to other degrees.

**Ph. D (If Applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Ph. D Name** | **University** | **Date of Graduation** |
|  |  |  |  |

**Masters**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Master’s Degree Name** | **University** | **Date of Graduation** |
|  |  |  |  |

**Bachelors**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Bachelors’ Degree Name** | **University** | **Date of Graduation** |
|  |  |  |  |

1. List any publications or papers you have written (You can include additional information on Page 4 if needed). **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………………………………………**

1. **REFEREES**

List the name of the three persons, not related to you who are familiar with your character and academic qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Profession, Address** | **Phone Number** | **E-mail Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. I, …………………………………………………certify that the statements made by me to answer the foregoing questions are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made on this form may render my candidature null & void or lead to termination of Participation.
2. Please indicate whether you intend to be a virtual, resident or non-resident participant. ***A group coach/bus will be provided for participants residing in the Kampala area who wish to travel to Gulu for the workshop.*** ***The exact location of departure will be confirmed closer to the date. The coach will depart on Wednesday, July 17th, 2024.*** Below are the workshop charges:

|  |  |  |
| --- | --- | --- |
| **Resident** | **Non-Resident** | **Virtual** |
| UGX3,000,000 | UGX1,500,000 | UGX1,000,000 |

1. Return filled-in form to: info@hersea.org by JUNE 28th, 2024 with at least 50% payment made to either of the following accounts:

**HERS-EA US $ ACCOUNT**

Name of Bank: DFCU Bank

Makerere University Branch

Swift Code: DFCUUGKA

A/C No: 02083553153181

**HERS-EA UGX ACCOUNT**

Name of Bank: DFCU Bank

Makerere University Branch

A/C No: 01083553153172

**Early bird registration discounts!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Filled-in registration form with full payment by:** | **Residential** | **Non-Residential** | **Virtual** |
| April 30th 2024  | 40% | 20% | 15% |
| May 31st 2024 | 30% | 15% | 10% |

1. **Dinner/Dance on Friday JULY 26th**

HERS-EA has organised a dinner/dance to celebrate 10 years of service. The event will take place in Kampala. Please indicate **Yes or No** if you would like to receive more information about this event ………

**Date: -------------------------------- Signature------------------------------------**

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**FOR OFFICIAL USE ONLY**

|  |
| --- |
| Reference No: AC/24/…...  |
| Date Received: |
| Date of Notification: |