**APPLICANT INFORMATION\***

*Please ensure that all required information in the box is provided.*

|  |  |
| --- | --- |
| 1. **First name:** --------------------------------
2. **Last name:** --------------------------------
3. **Father name:** --------------------------------
4. **Mother name:** --------------------------------
5. **Gender:** --------------------------------
6. **Marital Status:** --------------------------------
7. **Date of birth *(must match to your NID/Tazkira/passport):***

--month/day/year------------------------------1. **Nationality:** --------------------------------
2. **Current Age:** --------------------------------
3. **NID/Tazkira#:** --------------------------------
4. **Current Address:**
* **Province** --------------------------------
* **City** --------------------------------
* **Block** --------------------------------
* **Street no.** --------------------------------
* **House no.** --------------------------------
1. **Telephone:** --------------------------------
2. **Email:** --------------------------------
3. **Are you employed at the time of application:**

--------------------------------*If yes:**Organization:* --------------------------------*Title:* --------------------------------*Employment Start Date:* --------------------------------1. **Emergency Contact:**

*Name:* --------------------------------*Relation:* --------------------------------*Telephone:* -------------------------------- | **Photo:***The photograph should be in size 2 inch x 2 inch (51 mm x 51 mm) and in colour.* |

**EDUCATIONAL BACKGROUND AND ACADEMIC ACHIEVMENTS\***

1. **List the educational institutions you have attended:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TYPE** | **Name of Institute** | **Province** | **Field of Study / Name of Diploma** | **Enrollment Date***if not enrolled leave the box empty* | **Graduation Date***if not graduated leave the box empty* |
| **High School** | -------------------------------- | -------------------------------- | -------------------------------- | -------------------------------- | -------------------------------- |
| **University** | -------------------------------- | -------------------------------- | -------------------------------- | -------------------------------- | -------------------------------- |

1. **What year did the applicant attend university entrance exam/Kankor (Govt. exam):** --------------------------------
2. **What score did the applicant secure in the university entrance exam/Kankor (Govt. exam):** --------------------------------
3. **Please provide your university entrance exam/Kankor (Govt. exam) ID:** --------------------------------
4. **List scholarships and fellowships held at present or past:**
5. *:* --------------------------------
6. *:* --------------------------------
7. *:* --------------------------------
8. **Indicate any academic honors, awards, prices which you have received. Please include the title and date of recognition:**
9. *:* --------------------------------
10. *:* --------------------------------
11. *:* --------------------------------

**LANGUAGE PROFICIENCY**

1. **What is your native or mother tongue:** --------------------------------
2. **English Language Test Scores (if applicable – not mandatory):**

*Applicants who are not familiar with English must commit to completing a one-year online English course. This course will be provided free of charge by the programme and is a prerequisite before the start of the online bachelor's degree.*

**Name of Test:** --------------------------------

**Secured Score:** --------------------------------

**UniHER STUDY PLAN\***

1. **What is your proposed field of study?** --------------------------------

**Please select one of the following online-degrees:**

**•** Bachelor in Medical and Health Services Management

• Bachelor of Medical Science

• Bachelor of Science in Nursing

• Biotechnology Bachelor’s Degree

• Bachelor of Physiotherapy (Hons)

• Bachelor in Public Health (with specializations in health promotion, epidemiology, and community health)

**EMPLOYEMENT EXPERIENCE**

1. **Are you employed at the time of application:**

*if your currently unemployed, please respond “not applicable”*--------------------------------

*If yes:*

*Organization:* --------------------------------

*Title:* --------------------------------

*Type of Work:* --------------------------------

*Location of Employment:* --------------------------------

*Employment Start Date:* --------------------------------

1. **History of Employment:**

*if you have no history of employment, please respond “not applicable”*--------------------------------

Please list only last three employment

|  |  |
| --- | --- |
|  | *Organization:* --------------------------------*Title:* --------------------------------*Type of Work:* **:** --------------------------------*Location of Employment:* --------------------------------*Employment Start Date:* -------------------------------- |
|  | *Organization:* --------------------------------*Title:* --------------------------------*Type of Work:* **:** --------------------------------*Location of Employment:* --------------------------------*Employment Start Date:* -------------------------------- |
|  | *Organization:* --------------------------------*Title:* --------------------------------*Type of Work:* **:** --------------------------------*Location of Employment:* --------------------------------*Employment Start Date:* -------------------------------- |

**OTHER PERSONAL CONSIDERATION AND EXTRACURRICULAR ACTIVITIES**

*NOTE: None of the below information affect applicant selection.*

1. **Please state whether you**

*if any of the question below is not relevant to state of applicant, please respond “not applicable”*

1. **Have any special medical conditions?**

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1. **Are you currently taking any prescription medications?**

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1. **Have special dietary concerns?**

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1. **Have any type of physical disabilities?**

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1. **Have any personal consideration of which you would like UniHer to be aware?**

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1. **Please provide the following information about your family members**

*if any of the question below is not relevant to state of applicant, please respond “not applicable”*

1. **Spouse/Fiancé**

**Full Name:** --------------------------------

**Occupation/source of income:** --------------------------------

1. **Father**

**Full Name:** --------------------------------

**Occupation/source of income:** --------------------------------

1. **Brother**

**Full Name:** --------------------------------

**Occupation/source of income:** --------------------------------

1. **Mother**

**Full Name:** --------------------------------

**Occupation/source of income:** --------------------------------

1. **Please list any extracurricular activities or an action-oriented volunteer group involvement (social, student clubs, free speech, human rights, advocacy, community services, protest movements, etc) taken by the applicant in the last 5 years**

*if the question is not relevant to state of applicant, please respond “not applicable”* --------------------------------

1. **Activity:**

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**Year:** --------------------------------

1. **Activity:**

--------------------------------

**Year:** --------------------------------

1. **Please list trainings, seminars, workshops, courses etc. taken by the applicant in the last 5 years:**

*if the question is not relevant to state of applicant, please respond “not applicable”* --------------------------------

1. **Title:**

--------------------------------

**Year:** --------------------------------

1. **Title:**

--------------------------------

**Year:** --------------------------------

1. **Are you a founder of a business, non-profit organization, online or offline organized groups/gatherings, and/or foundation?**

*if the question is not relevant to state of applicant, please respond “not applicable”* --------------------------------

*if yes,* --------------------------------

**NARRATIVE 1: STUDY OBJECTIVES AND FUTURE PLAN**

*\*\*\*Please limit your response to the size of the text box*

|  |
| --- |
| -------------------------------- |

**NARRATIVE 2: PERSONAL STATEMENT\***

*\*\*\*Please limit your response to the size of the text box*

|  |
| --- |
| -------------------------------- |

**APPLICATION ACKNOWLEDGEMENT AND CERTIFICATION\***

I, --------Your full name------------------ ,certify that all information provided in my application for UniHER Academic Support Fund is accurate and complete. I understand that any misrepresentation may result in disqualification. I acknowledge that the selection process is competitive, and decisions are at the discretion of the selection committee. I agree to abide by the program's terms and conditions and to promptly respond to communication regarding my application.

Date: --------------------------------

**MANDATORY APPLICATION ATTACHMENT CHECKLIST\*:**

The following documents are MANDATORY to be attached with your application form:

1. Any of the national ID document: NID, paper Tazkira, Passport
2. A screen-shot of your university entrance exam/Kankor results
3. Completed Application Form (this form)

**NON-MANDATORY APPLICATION ATTACHMENT CHECKLIST:**

1. English Test Result
2. Resume/CV
3. High School Diploma
4. Any additional documents that the applicant believes will support their application

Applicant must scan and combine all mandatory, and non-mandatory documents into one single PDF.

Please submit the combined PDF file and the completed application form (in pdf) via email to “ uniher\_application@afghanbureau.org “before the deadline.

Please send your complete application form (in pdf) and the attachments in one email.

Subject of your email should read: UniHER \_ Your First name and Last name \_ Medical