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| **UBC Global Health Initiative**  **Application for International Project 2018-2019**  **Deadline: October 11, 2019 at 11:59 PM**  Email this Application Form and a maximum 3 page resume to: [ubc.ghi@gmail.com](mailto:ubc.ghi@gmail.com) as PDFs in the format:   * **Application**: LastName\_FirstName\_Application.pdf * **CV**: LastName\_FirstName\_CV.pdf | |
| Last Name: | First Name: |
| Email: | Phone Number: |
| Faculty: | Student Number: |
| Site: | Current Year of Study: |
| First Language | Other Language(s) and reading, and speaking proficiencies: |

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| **PROJECT RANKING** |
| Please rank each of the projects that you are applying to, with #1 being the project you are most interested in. Do not rank projects that you are not applying to. [Project information available here.](http://globalhealth.med.ubc.ca/service/student-groups/global-health-initiative/)  EXAMPLE: *(do not type in this space)*  Bhutan Project \_\_2\_\_\_  Refugee Health Initiative \_\_1\_\_\_  Kenya Pamoja Project \_\_4\_\_\_  Health Trek Nepal \_\_3\_\_\_  Rank only the projects you are interested in applying to.   |  |  | | --- | --- | | **PROJECT** | **Ranking** | | Bhutan Project |  | | Kenya Pamoja Project |  | | Nepal Sickle Cell Disease Project |  | | Taiwan Comparative Health Systems Exchange |  | | Health Trek Nepal |  | | Refugee Health Initiative |  | | Climate Health |  | |
| **EXPRESSION OF INTEREST** | |
| *Please explain why you would like to participate in GHI and why you are interested in any particular project(s).* | |

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| **PREVIOUS INVOLVEMENT** |
| *Describe any of your previous experiences that you feel are relevant to the project(s) you are applying for. If applicable, include any global health and intercultural experience here. (Past experience is not a requirement for participation).*  *How will you prepare yourself for work with international communities and peoples of different cultures?* |

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| **YOUR ROLE** |
| *Describe what you see as your role (and the role of GHI as a whole) in a host country.* |

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| **EXPECTATIONS** |
| *Describe your expectations for the project(s) you are interested in, and what you hope to gain from the experience.* |

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| **PARTICIPATION AGREEMENT** |
| Please “[X]” beside each statement to indicate that you agree to each statement  If selected for a project:  [ ] I agree to attend ALL mandatory GHI preparation workshops in addition to meetings for the GHI project I am involved in as well as Pre-Departure Training.  [ ] I agree that I will arrange to have a valid passport and VISA (if required for project destination) for the project that I am selected for.  [ ] I agree to pay for all travel expenses (airfare, local transport, vaccinations, VISA, passport).  [ ] I agree to comply with the terms of the [student abroad participation requirements form](http://globalhealth.med.ubc.ca/files/2012/08/YR-1-and-2-STUDENT-ABROAD-PARTICIPATION-REQUIREMENTS-Aug-102012.pdf) if I am accepted to a project team and I understand that if I do not sign it that I will have to withdraw from the program (forms do not need to be submitted until after the selection process).  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the risks and responsibilities associated with my participation with Global Health Initiative (GHI) projects.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agreement completion date  **For those applying for the Refugee Health Initiative, please also complete the following section:**  Please “[X]” beside each statement to indicate that you agree to each statement  If selected for the Refugee Health Initiative:  [ ] I agree to attend mandatory RHI training workshops and complete required readings prior to being partnered with a refugee family  [ ] I agree to maintaining confidentiality for the information I am given with respect to my partnered refugee family  [ ] Upon being partnered with a family, I understand that I may have to travel to areas in the Greater Vancouver Area (Surrey, Langley) if necessary to meet my family (2-4x a month)  I, \_\_\_\_\_\_\_\_\_, have read and understand the risks and responsibilities associated with my participation with Refugee Health Initiative (RHI)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agreement completion date |