S:\Teaching and outreach\EACS online course\2015\Communication\EACS_Logo_vertical_CMYK.eps**PrEP: Pre-Exposure Prophylaxis**

**Application Form**

This new course aims to provide high quality training on management of PrEP to clinicians and community based organizations. The course will provide participants with an in-depth understanding of the Pre-Exposure Prophylaxis as part of a wider HIV prevention strategy according to international guidelines (EACS & WHO).

The course is open to anyone who wishes to participate. The three modules can be taken in any order, to allow more flexibility for participants with busy schedules. Russian subtitles will be available for the video lectures, but knowledge of English is required to navigate the course and complete exams.

In addition to submitting this application form, all course participants will be required to register online at **www.iversity.org**, the site hosting the course. More information about this registration requirement will be provided prior to the course.

Fill in the application and send it to [HIVonlinecourse@eacsociety.org](mailto:HIVonlinecourse@eacsociety.org)

1. **PERSONAL INFORMATION as shown on passport/ID**
2. Last name: Click here to enter text.
3. First name: Click here to enter text.
4. Nationality: Click here to enter text.
5. Gender: Choose an item.
6. Date of Birth: Click here to enter text.
7. **COMMUNICATION DETAILS**
8. E-mail address: Click here to enter text.
9. Telephone number: Click here to enter text. (Country code/number)
10. Mobile number: Click here to enter text. (Country code/number)
11. **PERMANENT ADDRESS**
12. Street: Click here to enter text.
13. City: Click here to enter text. Postal Code: Click here to enter text.
14. Country: Click here to enter text.
15. **INSTITUTION**
16. Institution to which you belong: Click here to enter text.
17. Street: Click here to enter text.
18. City: Click here to enter text. Postal Code:Click here to enter text.
19. Country: Click here to enter text.
20. Type of organisation: Choose an item.
21. Your institution is Choose an item.
22. What is the main field of activity of your institution? Click here to enter text.
23. **EDUCATION**
24. Do you have a medical degree? Choose an item.
25. If yes, year obtained: Click here to enter text.
26. Name of University:
27. Country: Click here to enter text.
28. Do you have other degrees? Choose an item.
29. If yes, please list: Click here to enter text.
30. Will you require Russian translation of video lectures? Choose an item.