

**ADOLESCENTS CCM REPRESENTATIVE MEMBER  
APPLICATION FORM.**

Please note that the **CLOSING DATE** for application is **THURSDAY 16<sup>TH</sup> NOVEMBER 2017 at 1700HRS.**

**CHECKLIST:**

The following should be sent in ONE email to [adolescentccm@gmail.com](mailto:adolescentccm@gmail.com) with subject matter APPLICATION FOR ADOLESCENT CCM REPRESENTATIVE.

- This completed application form
- A letter of reference from your organization expressing its support, agreeing to the time commitment and work load (1 page only)
- A letter of reference/support from another organization that is affiliated to the work that you are involved in.

**APPLICATIONS WITHOUT ALL THE ABOVE DOCUMENTATION WILL BE  
AUTOMATICALLY DISQUALIFIED.**

**APPLICATIONS WITHOUT INFORMATION IN ALL SECTIONS WILL BE  
DISQUALIFIED.**

<b>1. Personal Particulars</b>	
<b>Last Name:</b>	
<b>First, Middle Name:</b>	
<b>Title:</b>	
<b>Sex:</b>	
<b>Date of Birth:</b>	
<b>Nationality:</b>	
<b>Address:</b>	
<b>Postal code:</b>	
<b>City/Town:</b>	
<b>Email Address:</b>	
<b>Telephone/Mobile Phone:</b>	

<b>2. Organizational Particulars</b>	
<b>Name of organization:</b>	
<b>Address:</b>	
<b>Postal code:</b>	
<b>City/Town:</b>	
<b>Email Address:</b>	
<b>Telephone/Mobile Phone:</b>	
<b>Position Held:</b>	
<b>Duties and Responsibilities:</b>	

<b>Communities Served by the Organization:</b> <i>(Tick all that apply)</i>	<input type="checkbox"/> PLHIV	<input type="checkbox"/> TB	<input type="checkbox"/> Malaria	
	<input type="checkbox"/> Women	<input type="checkbox"/> Children	<input type="checkbox"/> PUD	<input type="checkbox"/> MSM
	<input type="checkbox"/> Youth	<input type="checkbox"/> Sex workers	<input type="checkbox"/> Prisoners	
	Others, <i>please specify</i> :			

**3. Languages:**  
Please fill in languages that you are proficient in, and indicate your level of fluency by indicating if you are: 1. **Fluent** 2: **Good** 3. **Intermediate** 4: **Bad**.

Language	Understand	Speak	Read	Write

**4. Affiliation to adolescents/HIV/TB/Malaria**  
E.g. volunteer work, peer education, participation in conferences and support group activities.

Dates (years)	Organization	Nature/Level of affiliation

**5. Have you had prior experience in governing body of an organization?**  
E.g. Board of a local/international organizations, institution clubs etc.  
**If yes, please fill in relevant information, if no, please leave blank.**

Dates (years)	Organization	Nature/Level of affiliation

<b>6. Criteria for Selection:</b>		
a. <b>Living openly with HIV:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. <b>Living with or had tuberculosis:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. <b>Living with malaria endemic country:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. <b>Working with communities affected by malaria:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. <b>Consistent internet, email and phone access:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p><b>7. Short Narrative (Less than 500 words)</b>  Please provide a short narrative of your direct experiences with the health response. This could be experiences as a peer educator, an employee in a health based organization, Leader of a health club etc.</p>

<p><b>8. Short Narrative (Less than 500 words)</b>  Please provide a short narrative:</p> <ul style="list-style-type: none"> <li>(i) Outlining your community linkages</li> <li>(ii) Elaborate at least 3 issues of your expertise that you are working on affecting adolescents:</li> </ul>

**9. Short Narrative (Less than 500 words)**

Please name and explain three key issues affecting adolescents in relation to HIV and/or tuberculosis and malaria that you would influence as a representative at the CCM. *(Please refer to the role of CCMs)*

**10. Short Narrative (Less than 250 words)**

Please provide your statement of commitment and reasons why you feel you are best placed to represent adolescents in the Kenya's Country Coordinating Mechanism.