



**ASIA FUNGAL**  
**WORKING GROUP**  
 an ISHAM working group

Application form for Laboratory Foundations Training/Laboratory Skills Enhancement course

Laboratory course information	
Course type	Laboratory Foundations Training (3 months) Laboratory Skills Enhancement (1 month)
Preferred starting date	December 2016 June 2017 December 2017 Other, please specify
Personal information	
Title	Mr.      Mrs.      Ms.      Dr.      Prof.
First name	
Middle initial	
Family name	
Gender	Male      Female
Age	years
Job title	
Organization	
Contact address	
Email address	
Phone/mobile no.	Country code +      Area code      number
Nationality	
Qualifications	BSc      MSc      PhD      MBBS/MD Other, please specify
Languages spoken	English Other, please specify
Background information	
Total number of years working in microbiology/pathology laboratories	
Describe your current professional position and duties	<i>[Limit: 300 words]</i>
Explain why you are committed to setting up or improving mycology laboratory services in your country	<i>[Limit: 300 words]</i>

Mycologic methods you are currently proficient in	Fungal microscopy Yeast identification Mold identification MALDI-TOF identification Galactomannan assay Basic PCR Fungal PCR <i>Aspergillus</i> antibody None of the above
Mycologic methods you would like to learn or review/enhance	Identification of unusual yeasts Identification of molds MALDI-TOF identification Galactomannan assay Basic PCR Fungal PCR <i>Aspergillus</i> antibody Other, please specify
Briefly, explain why you want to improve your mycology diagnostic skills	<i>[Limit: 300 words]</i>

**Endorsement**

*To participate in this training, your application should be accompanied by a letter of recommendation (on official letterhead) from your hospital superintendent/director or an AFWG member. Please provide the details of your professional.*

Name	
Position	
Address details	
Email address	
Phone/mobile number	

**Declarations**

I confirm that all of the statements made by me in this form are complete, true and accurate to the best of my knowledge. I understand that falsification of any of the information contained in this form may subject me to elimination from any further consideration by the admissions committee.

I confirm that my listed referee/endorser has agreed to be contacted by the AFWG selection committee regarding my application for attending this training course.

Name of applicant	
Signature	
Date	