



African Heritage Institution

APPLICATION FORM FOR FELLOWS AND ASSOCIATE FELLOWS

NAME:

SEX: FEMALE MALE

STATE OF ORIGIN:

NATIONALITY:

MOBILE NUMBER:

E-MAIL ADDRESS:

HIGHEST QUALIFICATION:

OTHER QUALIFICATIONS:

SPECIALIZATION:

CURRENT EMPLOYMENT OR OFFICE ADDRESS:

RECENT RELEVANT EXPERIENCE IN SCIENTIFIC AND PROFESSIONAL WORK:

CHOICE OF AFRIHERITAGE THEMATIC GROUP (Tick not more than three):

- **Agriculture and Rural Development (AGRUD)**
- **Poverty, Income Distribution and Labour Markets (PIDLAM)**
- **Trade, Regional Integration and Competitiveness (TRIC)**
- **Public Sector Economics and Management (PSEM)**
- **Macroeconomic Modelling and Forecasting (MAMF)**
- **Governance, Politics and Strategic Studies (GOVPOLSS)**

SPECIAL SKILLS IN THE FOLLOWING AREAS (Please tick where applicable):

- **IT (If ticked, pls name the software and programmes below):**

- **Report Writing:**
- **Data Analysis:**
- **Project Development:**
- **Modelling:**
- **Survey:**
- **Communication:**
- **Fund Raising:**
- **Partnership Building:**

HOW MANY HOURS CAN YOU DEVOTE TO AFRIHERITAGE ACTIVITIES PER WEEK?:

CAN YOU SPEND TIME AT THE SECRETARIAT (AS VISITING FELLOW OR PROJECT COORDINATOR)?:

YES: NO:

HOW LONG CAN YOU SPEND AT A TIME AT THE SECRETARIAT? :

Please fill in the table below, indicating the areas of research/training and policy advisory services that you can participate in, and the level of efforts. Simply fill in the subject/research area and tick the appropriate column (level of effort) for that area.

	SUBJECT/RESEARCH AREA	COULD DEVELOP RESEARCH/ TRAINING PROPOSALS AND COORDINATE THE PROJECT AS TEAM LEADER	COULD INITIATE AND COMPLETE RESEARCH/CONSULTANCY ON MY OWN WITHOUT MUCH ASSISTANCE	COULD PARTICIPATE AS MEMBER OF RESEARCH/TRAINING TEAM WITH SOMEONE ELSE PROVIDING LEADERSHIP	REQUIRE FURTHER TRAINING/RE-TOOLING IN THIS AREA
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please fill in your the names you assigned to your social media platforms.

SOCIAL MEDIA PLATFORM	ASSIGNED NAMES
Facebook account name	
Twitter name/handle	
LinkedIn account name	