|  |  |
| --- | --- |
| C:\Users\user-pc\Downloads\LeNNiB\logo.png | NEW HIV VACCINE AND MICROBICIDE ADVOCACY SOCIETY (NHVMAS) |

# LEAVING NO NIGEIRIAN BEHIND (LeNNiB) CHAMPIONS MENTORSHIP APPLICATION FORM

## SECTION A: Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: | Click here to enter text. | Click here to enter text. |  | Date: | Click here to enter a date. |
|  | Last | First |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: | Click here to enter text. | | |
|  | Street Address | | |  |
| State: Choose an item. | | Sex: |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | Click here to enter text. | Email | :Click here to enter text. |

|  |  |
| --- | --- |
| Date Available : | Click here to enter a date. |

|  |  |
| --- | --- |
| Position Applied for: | Choose an item. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked with NHVMAS? |  |  | If yes, when? | Click here to enter text. |

## SECTIONB: Education

|  |  |
| --- | --- |
| 1. Choose an item. | Click here to enter name of institution |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | Choose an item. | To: | Choose an item. | Did you graduate? |  |  | Certificate:: | Click here to enter text. |

|  |  |
| --- | --- |
| 2. Choose an item. | Click here to enter name of Institution. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | Choose an item. | To: | Choose an item. | Did you graduate? |  |  | Degree: | :Click here to enter text. |

|  |  |
| --- | --- |
| 3. Choose an item. | Click here to enter name of institution. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | Choose an item. | To: | Choose an item. | Did you graduate? |  |  | Degree: | Click here to enter text. |

## SECTION C: Essay Questions

**1. Please give a brief description of your area of interest and why you hope to be a LeNNiB Champion. (150 words)**

Click here to enter text.

**2. What role do you want to play in your community/country in 5 years? What are you currently doing to achieve this? (100 words)**

Click here to enter text.

3. **Describe how your participation in the LeNNiB Champions Mentorship programme will influence your activities in your community. (100 words).**

Click here to enter text.

**4.** How do you hope to integrate the Objective of the LeNNiB Championship campaign in your work upon return to your organization? (For LeNNiB Intern applicants only) (200 words).

Click here to enter text.

## SECTION D: FOR Leaving no Nigerian Behind (LeNNiB) Interns Only.

***Kindly note that for LeNNiB Interns applicants, a recommendation letter from your current employer must be submitted as an attachment along with this application form.***

## Affiliate Organization

## 1. Name of Organization: Click here to enter text.

## 2. Address: Click here to enter text.

2. **Objective/focus of Organization:**

Click here to enter text.

3. Job Title: Click here to enter text.

4. Job Description:

Click here to enter text.

5. Email: Click here to enter text.

6. Telephone: Click here to enter text.

## SECTION E: References

Please list two references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | Click here to enter text. | | Relationship: | Click here to enter text. |
| Phone: | | Click here to enter text. |
| Address: | Click here to enter text. | | | |
|  |  | |  |  |
| Full Name: | Click here to enter text. | | Relationship: | Click here to enter text. |
| Phone: | | Click here to enter text. |
| Address: | | Click here to enter text. | | |

## SECTION F: Disclaimer

I, Click here to enter text. ,certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.