

**OPENING CALL: 10 PHD FELLOWSHIPS FOR AFRICAN STUDENTS**

Application Form

*Please, fill in the form below to apply to the call. This is for administrative and eligibility purposes and will not form part of the primary assessment process.*

|  |  |
| --- | --- |
| **Full Name** |       |
| **Gender** |       |
| **Date of Birth** *(dd/mm/yyyy)* |       |
| **Nationality** |       |
| **Any other Nationalities held** |       |
| **PhD projects (numbers) that you would like to be considered for, in rank order (you can be considered for more than one project)** (*Please, see Table 1 for PhD project numbers and details)* | 1st choice | 2nd choice | 3rd choice | 4th choice | 5th choice |
|       |       |       |       |       |
| 6th choice | 7th choice  | 8th choice | 9th choice  | 10th choice |
|       |       |       |       |       |
| **Project partner countries in which you would be prepared to work** |       |
| **Contact address** |       |
| **Phone number**  |       |
| **Email address**  |       |
| **1st Referee contact details**  | **Full name** |       |
| **Role** |       |
| **Organization** |       |
| **Email address** |       |
| **Consent to contact them before the interview** *(We may contact your referee before the interview)*  | Yes [ ]  No [ ]   |
| **2nd Referee contact details**  | **Full name** |       |
| **Role** |       |

|  |  |  |
| --- | --- | --- |
|  | **Organization** |       |
| **Email address** |       |
| **Consent to contact them before the interview** *(We may contact your referee before the interview)*  | Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| *I hereby consent to the processing and storage of the personal data and other data provided in accordance with GDPR, and I declare my agreement to be contacted by the Digital Diagnostics for Africa Network for the purpose of the selection process.*  | Yes, I give my consent [ ]   |
| No, I don’t give my consent [ ]   |