IARTP CANDIDATE EVALUATION FORM

Candidate Name:	

Date:_____

Nominated by: _____

Interviewed by: ______

Program (select one):

KNH INTEGRATE:

□MPH

KEMRI WHIV:

 \Box MPH

Note: This form is not required for WHIV/PhD applicants

Please evaluate the applicant according to the following categories:

	Poor	Fair	Good	Very Good	Outstanding
Previous Achievements					
Intellectual Capacity					
Commitment & Motivation					
Fluency in English					
Oral Communication Skills					
Written Communication Skills					
Attitude					
Resourcefulness & Initiative					
Flexibility					
Overall Potential					

1. What is the candidate's current position? How long has s/he been in this position?

IARTP CANDIDATE EVALUATION FORM

2. Please provide an assessment of candidate's commitment, potential contribution and long-term plans with the **INTEGRATE** partners, KNH, UON, and/or NASCOP; or the **Women and HIV** partners, KEMRI and/or NASCOP.

3. Post UW training, will the candidate have a permanent position with a partnering institution (KNH, UON, NASCOP or KEMRI)? Please provide details.

4. Has a UW faculty mentor been identified and agreed to mentor this applicant? If yes, please name him/her. If no, please explain plans to identify an appropriate UW faculty mentor.

Additional Comments:

Please return complete Candidate Evaluation form to: <u>iartp@uw.edu</u> by 24 July, 2023.