#### Staff Development Programme for Teachers in Faculties of Health Sciences

**conducted by the Medical Education Unit, Faculty of Medicine,**

**University of Peradeniya . March – June 2016**

# **ENROLLMENT FORM**

Name: Prof/Dr/Mr/Ms:

Position:

Department and Faculty:

Official address:

Telephone No. Office: Res: Fax:

E.mail address:

 I wish to enroll on the above training programme. I understand that the enrolment is on a first-come, first-served basis and I need to fulfil the attendance requirement to earn the certificate.

 ……………………...

Date: Signature of applicant

**Recommendation of Head of the Department**:

The prospective participant will be released during all three weeks specified.

 ……………………..

Date: Signature of the Head

Application of the above candidate is approved. Financial support will be given to him/her for the participation in this programme.

 ……………………..

Date: Signature of the Dean

**Participants are requested to forward the completed enrollment form to:**

**Director, Medical Education Unit, Faculty of Medicine, Peradeniya**

**Telephone: 081-2396233, 081-2396234**

Dr. Kosala Marambe email- kosalnm@yahoo.com Office 081-2396233