



2026 Application Form Template

Selection criteria:

To ensure a high-quality learning experience, each course session is limited to a **maximum of 60 participants**. Applicants are encouraged to submit a strong and complete application.

Participants are selected by the **PVAC Scientific Committee** based on their educational background, professional experience, level of responsibility in immunization or vaccinology, and the potential impact of the course at individual, institutional, and national levels. Each application is reviewed individually by at least six members of the Scientific Committee.

The course is intended for professionals working in immunization, vaccinology, or public health who wish to strengthen their knowledge of polio eradication, vaccination strategies, and program implementation. Applicants should have a **minimum of three years of professional experience**.

Prior experience in polio is not required, and applicants without direct experience are encouraged to apply. The selection process aims to create a balanced cohort, including participants with no prior experience as well as those with some experience who wish to further strengthen their skills.

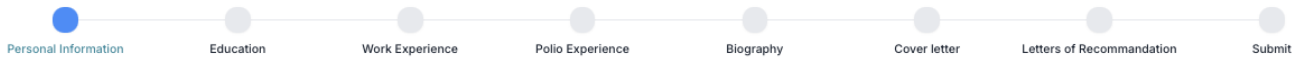
To complete your application, please gather the following documents and information:

Personal information:

You will need to indicate your last and first name as they appear on your passport and provide up to date contact details. To attend the course and arrange your travel, **a valid passport is required**. If selected, you will be asked to provide a scanned copy of your passport valid through the course dates. Please ensure your passport is up to date to complete administrative and travel documentation.

To apply for the English session, you must submit your application in English.

Please complete all fields as per the information provided in the "Completing your application" section. You may save your progress at any time by clicking the "Save" button at the bottom of the page.



General Data Protection Regulation (GDPR) Consent *

I consent to the collection and processing of my personal data for the purpose of participating in the PVAC course. I understand that my data will be handled in accordance with the GDPR and will only be used for administrative and communication purposes related to the course. I may withdraw my consent at any time by contacting the course organizers.

Please confirm the status of your passport for travel planning purposes if you are selected: *

- My passport is valid for more than 6 months
 My passport will be issued within the next 6 months, and I confirm I will renew it in time to travel for the course
 I do not currently have a valid passport and will not be able to renew it before July 2026, which may affect my ability to attend the course

Note: Please note that if you do not have a passport or cannot ensure you will obtain one by July 2026, we will not be able to accept your application.

Name *

As it appears on your passport
Last Name

As it appears on your passport
First Name

Gender *

- Man
 Woman
 Other

Date of birth *

Nationality *

Afghanistan
(if multiple, select the passport you would use if selected)

Current Organization/Company *

Type of Organization *

Choose your sector

Function/Job Title *

Country of residence / current country of work *

Country

Phone *

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Education:

In this section, please provide details of your academic background, including degrees, certifications, and relevant training. For each education entry, you will need to include the following information:

- **University / Institution Name** (Name of the university, school, or training organization)
- **Dates** (From: Start Year – To: End Year)
- **Degree or Certification Name** (Example: Bachelor's in Biology)
- **Field of Study / Description** (Special mention, specialization, important project completed, etc. – up to 30 words)

University/Institution Name *

From *

To *

Field of study/Description *

Degree *

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Work Experience:

The course is intended for professionals working in immunization, vaccinology, or public health who wish to strengthen their knowledge of polio eradication, vaccination strategies, and program implementation. Applicants should have a **minimum of three years of professional experience**.

This section should reflect your professional background. For each work experience entry, you will need to include the following information:

- **Company/Organization Name**
- **Location** (Country)
- **Dates** (Start month and year – End month and year or "Current" if ongoing position)
- **Function / Job Title** (Example: Project Management Intern)

Please indicate your total number of years of professional experience *

Less than 3 years

3 years or more

Please list your professional work experience below

Company/Organization Name *

Location *

Current position Yes

From *

To *

Function/Job Title *

Polio Experience:

This course is intended for professionals working in immunization, vaccinology, or public health who wish to strengthen their knowledge of polio eradication, vaccination strategies, and program implementation. Prior experience in polio is not required, and applicants without direct experience are encouraged to apply. The selection committee aims to maintain a balance between participants with no experience and those who already have some experience but wish to strengthen their skills, in order to foster a well-balanced learning cohort. We therefore invite you to indicate whether or not you have experience in the field of polio.



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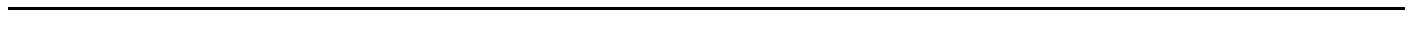
Do you currently work in a field or program related to polio? *

- Yes
- No

Please indicate your level of experience or knowledge related to polio, including surveillance, vaccination campaigns, or health policy *


- No experience
- Limited experience (0–1 year or indirect exposure)
- Some experience (approximately 1–3 years)
- Advanced experience (4+ years)

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Biography:

Provide a concise summary (**up to 300 words**) to present your background, most relevant experiences and current activities.



A horizontal progress bar with eight steps: Personal Information, Education, Work Experience, Polio Experience, Biography, Cover letter, Letters of Recommendation, and Submit. The Biography step is highlighted with a blue circle, while the others have black circles. Steps from Cover letter onwards are dimmed.

Short Biography *


A short biography to present your background. Maximum length: 300 words

0 sur 300 max mots

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Cover letter:

Outline your reasons for participating in the PVAC course and explain how it will contribute to your professional development. Discuss the impact you expect the program to have on your career, your institution, and vaccination strategies. This section is crucial for the selection committee. **Maximum length: 450 words**



A horizontal progress bar with eight steps: Personal Information, Education, Work Experience, Polio Experience, Biography, Cover letter, Letters of Recommendation, and Submit. The Cover letter step is highlighted with a blue circle, while the others have black circles. Steps from Letters of Recommendation onwards are dimmed.

Cover Letter *

Cover Letter: Outline your reasons for participating in the PVAC course and explain how it will contribute to your professional development. Discuss the impact you expect the program to have on your career, your institution, etc. This section is crucial for the selection committee. Maximum length: 450 words

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Letters of recommendation:

These are mandatory. Please submit **two signed and recently dated letters of recommendation** on official letterhead:

1. One letter from a senior authority at your current institution, confirming that your participation is supported (including the time you will be away for the course) and detailing your present and expected future responsibilities.
 2. One letter from an external expert with whom you have collaborated in the past.
- Note:** If your institution is recommending more than one applicant, each applicant must submit a separate letter.
- Action:** Scan the letters and attach them as PDF files to your application.



Please submit **two signed and recent letters of recommendation** on official letterhead:

1. One letter from a senior authority at your current institution, confirming that your participation is supported (including the time you will be away for the course) and detailing your present and expected future responsibilities.
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•**Note:** If your institution is recommending more than one applicant, each applicant must submit a separate letter.

•**Action:** Scan the letters and attach them as **PDF files** to your application.



RECOMMENDATION LETTERS FROM YOUR INSTITUTION FOR
SUPPORT IN PARTICIPATING IN THE COURSE (PDF FORMAT
ONLY)

Taille de fichier maximale : 134.22MB



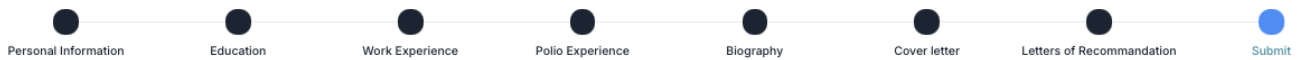
RECOMMENDATION LETTER FROM AN EXPERT OR EXTERNAL
PARTY (PDF FORMAT ONLY)

Taille de fichier maximale : 134.22MB

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Submitting the application:

Please review your application carefully before submitting. Once submitted it cannot be modified.



Thank you for completing all fields. Please review your application carefully before submitting. Once submitted, it cannot be modified. Feel free to save your form and come back to it later if you're uncertain about a field.

[PREVIOUS](#) [SUBMIT](#) [SAVE](#)

- Do not forget to click on the "Submit" button to send us your application file before April 27, 2026
- Applications will be reviewed by PVAC Scientific Committee. Selected students will be notified of their selection by end of July 2026.
 - Incomplete applications will be automatically rejected.
 - Thank you for Applying to PVAC 2026 and good luck!