

**APPLICATION FOR TECHNICAL ADVISORY GROUP for Leprosy (TAG-Leprosy)**

**BASIC INFORMATION**

|  |  |
| --- | --- |
| **1. Surname (family name):** |  |
| **2. Given name(s):** |  |
| **3. Email address:**  |  |
| **4. Nationality:** |  |
| **5. Country of residence:** |  |

**RELEVANT EDUCATION DETAILS (start from highest)**

|  |  |
| --- | --- |
| **Degree:** | **Institution:** |
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**EXPERTISE**

|  |  |
| --- | --- |
| **6. Profession:** |  |
| **7. What is your expertise? (maximum 3)** | * Clinical Leprosy
* Disability care
* Epidemiology
* Health and information systems
* Laboratory science
* Public health such as programme management
* Representative of persons affected by leprosy
* Research in infectious diseases
* Social Aspects of Leprosy
* Tropical medicine
* Other (please indicate):………………….…………………………………………………
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| **8. What is the nature of expertise? (maximum 3)** | * Academic
* Field-based
* Public health, programme management
* Infectious disease modelling
* Regulatory and policy
* Other (please indicate)
 |
| **9. How many years of experience do you have inyour field of expertise? (max. 3 fields)** |  |
| **10. How many years of working experience in leprosy endemic countries (please specify)** | ………………….…………………………………………………………… |
| **11. Which area(s) of work is your expertise most relevant for?** | * Case management of leprosy
* Certification/verification of elimination of other diseases
* Combating stigma and discrimination
* Laboratory diagnosis
* Prevention of disabilities
* Programme management
* Research
* Other (please indicate):

…………………………………………………………………………………………. |
| **12. In which WHO region(s) have you worked?** | * Africa
* Americas
* Eastern Mediterranean
* European
* South-East Asia
* Western Pacific
 |
| **13. Please provide your motivation for becoming a member of the TAG-Leprosy. Please limit your response to 4,000 characters.** |

Please send the following documents to glp@who.int

* Completed application form
* Cover letter (maximum 2 pages)
* Indicating your motivation to apply and how you satisfy the selection criteria.
* Please note that, if selected, membership will be in a personal capacity. Therefore, do **not** use the letterhead or other identification of your employer).
* Your curriculum vitae (CV) (maximum 5 pages)
* Signed and completed Declaration of Interests (DOI) form for WHO Experts, available at <https://www.who.int/about/ethics/declarations-of-interest>/

We are accepting either Word or PDF versions.

The files should be named using the structure as follows:

“TAG-Leprosy\_application\_your surname”

“TAG-Leprosy \_application\_CV\_your surname”

“TAG-Leprosy \_application\_cover\_your surname”

“TAG-Leprosy \_application\_DOI\_your surname”

*Please send your application no later than 15 August 2025, 23:59 CET.*