

**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:** |
| **Degree:** | **Institution:** |
| **Degree:** | **Institution:** |

**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): ………………….………………………………………………… |
| **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 in your 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](mailto: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.*