

PATA

POSITIVE ACTION FOR TREATMENT ACCESS

Application Form

Please fill with accurate information

APPLICANT'S NAME:

surname

first/middle name

DATE OF BIRTH

day

month

year

NATIONALITY:

STATE OF ORIGIN:

CONTACT ADDRESS:

PHONE NUMBER:

E-MAIL ADDRESS:

NAME OF ORGANIZATION (optional):

ADDRESS:

ARE YOU OPENLY LIVING WITH HIV? If yes, for how long?

LANGUAGES SPOKEN (in addition to English):

EDUCATIONAL BACKGROUND

	NAME & LOCATION OF INSTITUTIONS ATTENDED	CERTIFICATE OBTAINED	YEAR OF CERTIFICATION

In not more than one page, write an essay explaining why you want to participate in the women leadership program and your expectations for the program.

I _____ have read and understood this application. I have decided to openly disclose my HIV status and if accepted, I will commit my time to being an AIDS Treatment and Policy Advocate for the next two years.

Signature

Date