

# HEALTH EMERGENCIES IN LARGE POPULATION REGISTRATION FORM

## 2023 H.E.L.P. GENEVA COURSE

[Course website](#)

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**Course dates:** June 26<sup>th</sup> – July 7<sup>th</sup>, 2023

**Place:** ICRC Geneva, Switzerland

This course is planned to be delivered in a face-to-face format in ICRC training centre of Versoix from Monday to Friday 8.30 a.m. to 5.30 p.m.

**Registration fee:** 2,000 CHF

The registration fee must be paid once the participant is accepted. ICRC staff are found by the training budget of their own delegation (see internal [Rules and regulations](#)).

### How to send application?

Please send your complete application at [help@icrc.org](mailto:help@icrc.org) by **March 31<sup>st</sup>, 2023**, with the following documents:

1. application form completed,
2. cover letter,
3. curriculum vitae,
4. letter of recommendation,

Only ICRC staff members:

5. email approval from your Line manager to attend this course.

You will be notified by **April 6<sup>th</sup>, 2023**, whether you have been accepted for the course. Please note that a waiting list will be set up to allow people to join the course when cancellations free up places.

### Contact:

For any questions, please contact Valérie Belchior-Bellino, ICRC H.E.L.P. Course Coordinator, at [vbellino@icrc.org](mailto:vbellino@icrc.org)

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## PERSONAL INFORMATION

Title: Mr.      Ms.      Dr.

Date of birth:

Last name:

Sex:    Male      Female

Middle name:

Nationality:

First name:

Country of residence:

Employer:

Job title:

Profession:

Mobile phone:

Place of work (city/country):

Email:

## VISA INFORMATION

If you are selected to the course, do you need a visa to join Geneva? Yes No

**!! Please attach a copy of your passport.**

## FIELD EXPERIENCE AND MOTIVATION FOR ATTENDING THE COURSE

### Field experience

*Describe an experience that best illustrates what you do in the field (or have done)*

### Reasons for attending the course

*Explain what you expect from the course in relation to your future work*

**!! Please attach your CV, a cover letter, and a letter of recommendation.**

## CERTIFICATE

*Please write your name as you would like it to appear on the certificate that you will receive at the end of the course*

## ICRC STAFF - APPROVAL AND VALIDATION

*Non applicable if you are not ICRC staff member (please proceed to next question)*

My delegation will take in charge the costs of the training (fees, transport, visa, accommodation, catering):

Yes No

Name of the Delegation:

Line Manager:

Talent/HR Manager:

Contact person for administration and travel:

Cost centre:

Objective Code:

**!! Please attach the email of approval from your Line manager to attend the course.**

## Non-ICRC APPLICANTS - SPONSORSHIP

*Non applicable if you are an ICRC staff member (please proceed to next question).*

Who is paying for your training?                      me (no sponsor)                      sponsor

Name of the sponsor:

Postal address (required for the invoice):

E-mail of the sponsor:

## COMMENTS

*Please add any additional comments for the organizers. Thank you for filling out and sending the form.*