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**MAINSTREAMING HEALTH PROMOTION IN MEDIA TRAINING programme**

***APPLICATION FORM***

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| --- | --- |
| Full name |  |
| Date of birth |  |
| Country/nationality |  |
| Name and address of media affiliation |  |
| Type of media (print, TV or radio) | *Indicate the type of media of interest* |
| Number of years of experience as a media professional |  |
| Have you taken part in any media training before? (if yes, please specify) |  |
| How did you learn about the training? |  |

Please write briefly about your expectations from the training.

**THANK YOU**