



GAZA COMMUNITY MENTAL HEALTH PROGRAM
TRAINING AND EDUCATION DEPARTMENT



THE ISLAMIC UNIVERSITY OF GAZA
FACULTY OF EDUCATION

Dear Applicant

Welcome to Gaza Community Mental Health Programme (GCMHP) and the Islamic University – Gaza (IUG) post graduate diploma in community Mental Health. If you are interested in intellectual stimulation and in refining skills and knowledge you have already developed in the area of mental health, we encourage you to pursue post graduate studies in this challenging environment.

This is an excellent opportunity for building on post academic skills and performance in the area of community mental health and human rights.

Our commitments is to promote creative initiatives in the area of community mental health. While advocating academic education, GCMHP enjoys an excellent national and international reputation in both therapy and community mental health training. This opportunity is open to those who are interested in becoming one of the growing number of mental health professional making contributions to society. Our scholarship scheme is open for all students.

Please do not hesitate to ask questions, we are here to provide you with whatever assistance you need along the way.

I would like to extend you my best wishes for successful personal and academic achievement.

Dr. Abdel Hamid Afana , Director
Training and Education
GCMHP

Student Application for postgraduate diploma In Community Mental Health

Section 1: personal Details (please type or write clearly)

First Name:

Family Name:

Title (tick appropriate box) Dr. Mr. Mrs. Miss. Ms.

Date of Birth : / /

Address:
.....
.....

Phone Number: Fax Number.....

Disabilities:
(this question is optional) Do you have a disability that could affect you performance as a student (e.g. mild hearing loss, sight impairment, other)

Yes No

If Yes, Please state briefly

What is your disability
.....

Section2: Educational Qualification

List in chronological order all institutions in which you have been previously enrolled for university level.

Name of Institution attended:

Years attended : 19..... To 19

Language of Instruction:

Major Subject (S) :

Degree(S) received or expected:

Name of Institution attended:

Years attended : 19..... To 19

Language of Instruction:

Major Subject (S) :

Degree(S) received or expected:

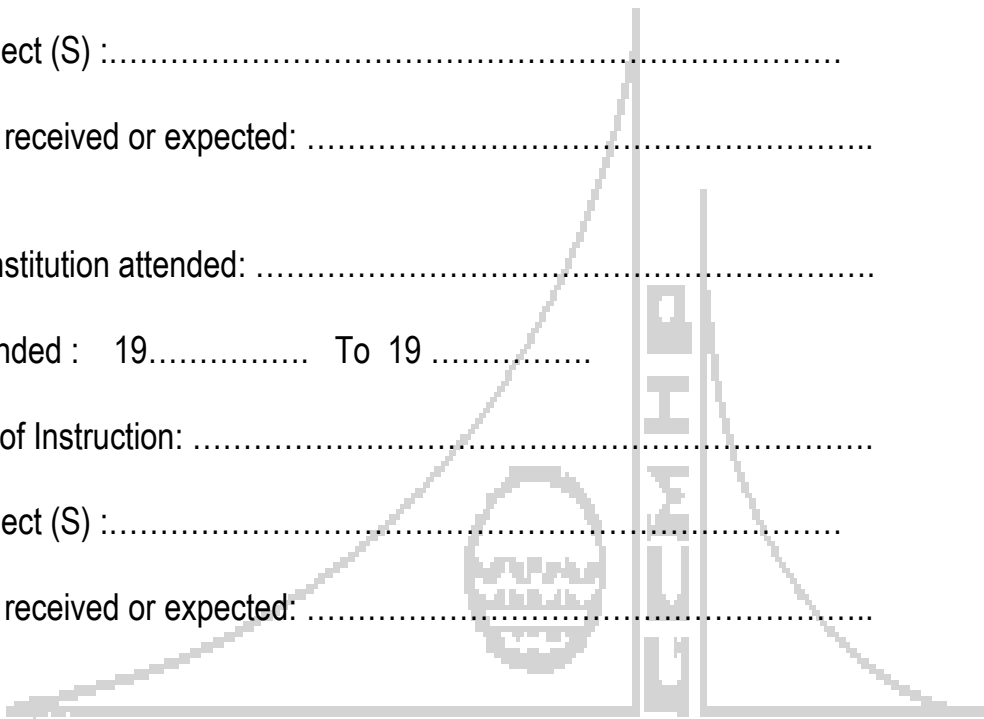
Name of Institution attended:

Years attended : 19..... To 19

Language of Instruction:

Major Subject (S) :

Degree(S) received or expected:



Section3: Postgraduate qualification

Name of Institution attended:

Years attended : 19..... To 19

Language of Instruction:

Major Subject (S) :

Degree(S) received or expected:

Name of Institution attended:

Years attended : 19..... To 19

Language of Instruction:

Major Subject (S) :

Degree(S) received or expected:

*** Certified copies of academic transcript showing subjects and results obtained must be provided before application can be considered(please supply transcripts in a language other than Arabic**

Section 4: English Language Qualifications(please tick which of the below rates to you

I completed one of the following;

English course for academics grade Year Place.....

General English Course grade Year Place.....

IELTS : Score was Year Place

Other English courses (please specify)

.....
.....
.....

Section5: Employment History (Attack a separate sheet, if necessary

List where you have been employed and indicate whether you feel this work experience is relevant to the postgraduate diploma.

Employer's Name:

Address:

Type of Work :

Dates:

Relevant to the diploma Yes No

If you answered yes: please specify the relevance:

.....
.....
.....
.....

Do you expect to be employed in a position in the coming years which will be relevant to your diploma studies

Yes No

If yes, please indicate probable employer and type of work

.....
.....
.....

Section6: Reference

Names and address of two persons qualified to comment on you academic and/ or professional background whom you asked to write recommendations on your behalf if it needed

Name and Title:

Address:

Telephone/ fax number :

Name and Tittle

Address:

Telephone/ fax number :

Section 7 : Declaration

I agree

- To comply with the rules on admission and enrollment of the GCMHP/IUG
- To tell the Training Department /GCMHP if there is any change to the information I have given this an a pplication.
- To follow the rules and reequations either indicated in the student guid or any information dismibuted during my study years .

I understand that

- The GCMHP/ Education Training Department (ETD).may obtain official records from any institution I attended previously .
- The GCMHP/ETD may vary or cancel any decision it makes if the information I have given is incorrect orincomplete.
- The GCMHP/ETD need not re-enroll me if I do not complete may satudies satisfactorily in each year.
- I am fully responsible for my education and living expenses while studying
- I cannot ask the GCMHP/ETD to help if I run out of money.
- I am eligible to apply for a scholarship which might be available for this study

I declare that the information I have given in this application is true and correct

Your signature.....

Date / /

Address for all Correspondence:

GCMHP
Training and Education Department
El Shikh Ejleen Street
Po. Box: 1049
Gaza

Tel number: 08 2824073, 082825700, 082825710
Fax number: 08 2824072