

School of Public Health  
College of Health Sciences  
University of Ghana

Application Form

Please indicate the course(s) you are applying for.

a) **Overview of Supply Chain Management (27th July - 1<sup>st</sup> August 2015)**

b) **Quantification of Health Commodities (3<sup>rd</sup> - 8th August 2015)**

**Participant Application, Information and Needs Assessment Questionnaire**

Please submit a duly completed application form to the following email address:

**Edith Tetteh (Ms)**  
**Administrative Assistant**  
**School of Public Health**  
**P. O. Box LG 13**  
**University of Ghana**  
**Legon - Accra**  
**E-mail: [sphscm@gmail.com](mailto:sphscm@gmail.com), Phone: + 233 249 410336**

**Personal Details:**

Name	
Title	
Date of Birth	
Country of Residence	
Nationality	
Contact Information	
Email Address	
Tel Number	
Mobile number	
Employer Organisation	
Address of Employer	

Present Job Title	
Summary of Responsibilities	

A. Administrative level at which you work: Check one box only.

- Central     
  Regional/Provincial     
  District     
  Other: please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Type of logistics system(s) in which you work: Check the appropriate box. Check more than one if needed.

- Vertical (Managing commodities for a single health program, i.e. family planning, TB, HIV/AIDS)  
 Please indicate which vertical program: \_\_\_\_\_

- Integrated (contraceptives, essential drugs and/or other pharmaceuticals)  
 Includes HIV-related drugs, e.g., STI, ARV, OI drugs and/or medical supplies  
 Includes HIV Test Kits and other laboratory reagents  
 Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

C. What are the two most serious problems you have observed in the logistics system(s) of the institution(s) where you work? (Please be as specific as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Are there any specific aspects of your job that you would like to see this workshop address?

\_\_\_\_\_

**Skills and Involvement**

**SKILL LEVEL**

- 1 = cannot perform this task with the skills I currently possess
- 2 = can perform this task with assistance
- 3 = can perform this task without assistance

**INVOLVEMENT LEVEL**

- 1 = not involved in planning/implementing this task
- 2 = infrequently involved in planning/implementing this task
- 3 = routinely involved in planning/implementing this task

The chart below lists the logistics activities you will be learning about during the course. To the best of your ability, please check the appropriate column in the chart below to indicate your current skill level and involvement in the activities using the rating scales provided.

Task	Skill Level			Involvement Level		
	1	2	3	1	2	3
Analyze and diagram a program's logistics and reporting systems						
Analyze logistics management information system (LMIS) data						
Assess LMIS forms and recommend changes to improve the collection of essential management data						
Identify storage-related problems in the field and make recommendations for how to address them						
Calculate storage space requirements						
Assess/monitor/maintain quality of commodity stocks						
Calculate average monthly dispensed-to-user quantities						
Calculate the months of stock on hand for each commodity at the local level						
Calculate the months of stock on hand for each commodity at the national level						
Calculate order quantities using established inventory control procedures						
Determine the maximum and minimum stock levels for each level in a program						
Determine which type of inventory control system will be most effective for a particular program or country						
Describe a variety of methods for preparing a short-term forecast of health commodity needs.						
Describe logistics system performance indicators, as well as monitoring and evaluation tools that can be used to measure the performance of logistics systems						

Task	Skill Level			Involvement Level		
	1	2	3	1	2	3
Describe the concept of commodity security and the role of logistics in assuring commodity security.						
Apply basic logistics principles to the management of a wide variety of health commodities, including contraceptives, HIV/AIDS products, Essential Drugs, and TB and malaria drugs						

**E. ADMINISTRATION**

1. Check the box that describes your dietary requirements:

- No dietary restrictions    Vegetarian    Do not eat pork    Other\*

\*Please describe

2. If you have any other administrative questions or concerns, please list them below.

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**EMPLOYER/SPONSOR:**

I ..... in my capacity as .....

Nominate .....to attended the above programme and I commit my organisation to pay School of Public Health the total programme fees of US\$.....

On understanding that the fee does not include full board accommodation for the period involved.

Signature.....

Date.....

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**FOR OFFICIAL USE ONLY**

Date Received..... File Name..... Accepted/Rejected

Date acknowledged..... Date confirmed/Advised.....

Signature.....

Date.....