Stop TB Partner Kenya membership Application Form

### Organization Contact Information

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<td>Organization Name:</td>
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<td>Organization Province:</td>
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<td>Organization Address:</td>
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<td>Organization Email:</td>
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<td>Organization Web Site:</td>
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### Focal Point Contact Information

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<td>Focal Point First Name:</td>
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<td>Focal Point Last Name:</td>
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<td>Focal Point Title:</td>
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### Stop TB Partner Information

**Organization type:**

- [ ] Technical
- [ ] Corporate
- [ ] NGO
- [ ] Government institution
- [ ] Health facility
- [ ] Others

**Organization description**

Please tell us:

About your organization: .................................................................

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

Why you are interested in TB work

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

...........................................................................................................
What are you planning to do for TB control

How did you hear about the Stop TB Partnership Kenya

Why do you wish to join the Stop TB Partnership Kenya

What TB activity(ies) are you mainly involved in:

- Advocacy, communication and social mobilization
  - Health Promotion
  - Media
  - Patient-led activities and social mobilization
  - Political and national advocacy
  - TB education and awareness raising

- Funding
  - Advocacy
  - Capacity Building for partner initiatives
  - Drugs procurement / distribution
  - Health system strengthening
  - Research
  - TB control

- Manufacture of TB products
  - 1st line adult drugs
  - 1st line paediatric drugs
  - 2nd line drugs
  - Diagnostics
Research

- Basic research
- Drugs research
- Epidemiological
- Health Economics Research
- Health systems, services and policy research
- MDR-TB
- New diagnostics
- Operational Research
- TB/HIV
- Vaccines

TB Healthcare Services

- Community Care
- Diagnostics/Laboratories
- DOTS Expansion
- Drug Provision
- Emergency Relief
- MDR-TB
- TB/HIV
- Workplace services

Technical Assistance

- Advocacy
- Drug Procurement
- Frontline TB Services/ Programme Implementation
- Resource mobilization
- Human Resources training (Drs, nurses, researchers, NGOs)
- Partnership building
- Research
Which Working Group(s) will you participate in:

- [ ] Advocacy and resource mobilization
- [ ] Technical interventions

Which region do you operate in:


Sign..............................................................

Date..............................................................