

Building Expertise in Effective Tobacco Industry Monitoring, Research, Grant Making and Accountability

Eligibility Criteria for Organizations

Before applying, please ensure your organization meets the following eligibility criteria:

1. **Legal Status:** The organization must be a legally registered entity in its country of operation, capable of entering into contractual arrangements and receiving foreign funds for the proposed activities.
2. **Non-Affiliation with Tobacco Industry:** The organization must not have ever received financial support from any tobacco product manufacturer, their parent companies, subsidiaries, or affiliates.
3. **Relevant Experience:**
 - A. The organization should have a demonstrated track record in tobacco control and/or public health initiatives; OR
 - B. The organization should have the capacity to apply the knowledge gained from the workshop to enhance its tobacco control efforts and influence broader public health outcomes.
4. **First-Time Participant:** The individual attending from the organization must not have attended similar training on tobacco industry monitoring delivered by the University of Bath.

Priority will be given to organizations where capacity building around tobacco industry monitoring and grant funding can make the most difference.

Selection Criteria

A total of 10 funded places are available on the program. Selection will be made by a panel including representatives from the Eastern Mediterranean Public Health Network and Bath University. The panel will consider the following criteria:

1. **Organizational and Regional Diversity:** We aim to include a range of organizations from various regions.
2. **Experience Diversity:** We seek participants with varied levels of experience in tobacco control and public health.
3. **Impact Potential:** Applications should demonstrate that participation in the training will significantly enhance the capacity of the organization and have the potential to lead to significant impacts within tobacco control.

Application Form

Organization:

1. **Name:** Please provide the full name of your organization.

2. **Type:** Please select the type of your organization:

- Non-Governmental Organization (NGO)
- Civil Society Organization (CSO)
- Research Institution
- Government Agency
- Academic Institution
- Other (please specify)

3. **Country:** Please specify the country where your organization is based.

- Afghanistan
- Bahrain
- Djibouti
- Egypt
- Iran
- Iraq
- Jordan
- Kuwait
- Lebanon
- Libya
- Morocco
- Oman
- Pakistan
- Palestine
- Qatar
- Saudi Arabia
- Somalia
- Sudan
- Syria
- Tunisia
- United Arab Emirates
- Yemen

4. **Legal Status:** *(Please confirm)* Is your organization a legally registered entity in your country of operation?

- Yes
- No

5. **Non-Affiliation with Tobacco Industry:** *(Please confirm)* Has your organization ever received any financial support from a tobacco product manufacturer, their parent companies, subsidiaries, or affiliates?

- Yes
- No

Representative:

The representative should hold a relevant position within the organization that aligns with tobacco control or public health efforts. They should have the capacity to apply the knowledge gained from the workshop to their work and to influence organizational practices)

6. **Name:** Please provide the name of the representative who will attend the workshop.

7. **Position:** What is the role or position of the representative within the organization?

8. **Email Address:** Please provide a valid email address for communication.

9. **Phone Number:** Please provide a contact phone number.

10. **First-Time Participant:** *(Please confirm)* Has the representative attended a similar training on tobacco industry monitoring and grant applications before?

- Yes
- No

If yes, please list the training attended below:

11. **Personal statement:** Please offer a short personal statement about why you have selected this person to attend the training (150 – 300 words)

Motivation and Experience:

Motivation Letter: *(Please limit your response to 300-500 words)*

12. Why is your organization interested in participating in this workshop?

13. How do you plan to utilize the knowledge gained from this workshop in your tobacco industry monitoring efforts?

Experience in Tobacco Control and/or Public Health: *(Please limit your response to 300-500 words)*

14. Briefly describe your organization's experience and activities related to tobacco control and/or public health.

Impact Statement: *(Please limit your response to 300 words)*

15. How do you envision this training will impact your organization's capacity to monitor the tobacco industry?

Supporting Documents:

Please upload relevant documents that support your application, such as:

16. Proof of organization registration. *(upload as zip file)*

17. Previous reports or publications related to tobacco control and/or public health. *(upload as zip file)*

18. Any other documents that showcase your organization's work in this area. *(upload as zip file)*

Visa Requirements:

19. Do you anticipate any issues in obtaining a visa to attend the workshop in Jordan,?

- Yes
- No

20. Do you have any additional comments or special requirements we should be aware of?

- Yes
- No

If Yes, please provide your comments

Thank you for applying for this opportunity. You will be notified of the outcome, whether approved or rejected, on October 28, 2024