



Preliminary Request for Support

Health Volunteers Overseas is a non-governmental organization dedicated to improving the availability and quality of health care in developing countries through the training and education of local health care providers. For more information about HVO, please visit our website at www.hvousa.org. Every HVO program is unique since they are designed to meet the educational needs and priorities identified by the host. HVO works in a collaborative manner with a wide range of institutions, agencies, and NGOs around the world.

The purpose of this preliminary request is to gather some basic data and information that can be shared with the appropriate committee(s) within HVO to determine what the next step should be. We are essentially looking for information to the questions of (1) who; (2) what; (3) where; and (4) for how long?

Thank you for your interest in HVO.

This request is submitted by:

Name:	
Title:	
Dept/School:	
Institution/organization:	
Address:	
E-mail:	
Telephone:	Fax:

Is your organization/institution (check all that apply):

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> Local NGO | <input type="checkbox"/> Nonprofit |
| <input type="checkbox"/> Private | <input type="checkbox"/> International NGO | <input type="checkbox"/> For-Profit |
| <input type="checkbox"/> Other _____ | | |

If a hospital/clinic, please list the NUMBER of each of the following:

_____ Beds	_____ In-Patients (annually)
_____ Clinical Staff	_____ Out-Patients (annually)

If a school, please list the NUMBER of each of the following:

_____ Students	_____ Faculty
----------------	---------------

When was your organization/hospital/school established? _____

What kind of support are you interested in (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Curriculum development |
| <input type="checkbox"/> Teacher training | <input type="checkbox"/> Clinical education |
| <input type="checkbox"/> Surgical training | <input type="checkbox"/> Other: _____ |

Who would HVO train? (Check all that apply and list the NUMBER of people requiring training)

- | | |
|---|---|
| <input type="checkbox"/> Students (medical, dental, other)
Number: _____ | <input type="checkbox"/> Residents
Number: _____ |
| <input type="checkbox"/> Clinical Officers
Number: _____ | <input type="checkbox"/> Clinicians
Number: _____ |
| <input type="checkbox"/> Faculty
Number: _____ | <input type="checkbox"/> Allied Health Professionals (ex. Nurses, PTs)
Number: _____ |
| <input type="checkbox"/> Other: _____
Number: _____ | |

Give some background on the trainees – their educational background, etc.

Summarize your educational needs and priorities and explain what role you envision HVO having in this process.

Date Submitted: _____