Global Health Institute
MULTI-SCHOOL/MULTIDISCIPLINARY TEAM WORKSHEET

(If mentors would like assistance in announcing this project to other disciplines, please return completed worksheet or descriptive paragraph to Suzanne Mason, smason@emory.edu by October 26, 2018.)

I. EMORY FACULTY MENTOR(S)

Name and Degree(s): ____________________________________________________________

School and Department at Emory University _________________________________________

Current mailing address: _________________________________________________________

Email: ________________________________________________________________

Telephone number: __________________________________________________________

(Please Add additional Emory Faculty Mentors on last page, if Applicable)

II. PROJECT AND LOCATION

Where will this experience take place? (City or area, region, country)

Title and Brief Description of Multidisciplinary Project: ____________________________

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Dates of proposed field experience? (6 week minimum)

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III. ON-SITE MENTOR(S)

Name and Degree(s): ________________________________________________________________

Primary Organization and Title(s)__________________________________________________

______________________________________________________________________________

Current mailing address___________________________________________________________

______________________________________________________________________________

Email:________________________________________________________________________

Telephone number:____________________

(Add additional on-site mentors to last page, if Applicable)
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IV. STUDENT REQUIREMENTS

Student Number One
Area of Study: (Medicine, Law, Anthropology, Nursing, Theology, Public Health, Business, Physician’s Assistant, Chemistry, Physical Therapy, etc):

______________________________________________________________________________

Role of this student in project:

______________________________________________________________________________

Language Skills Necessary: specify language(s) and degree of fluency both written and oral (required or recommended):

______________________________________________________________________________

Prior Training and Skill Mix Necessary: (specify each and whether required or recommended):

______________________________________________________________________________
Student Number Two
Area of Study: (Medicine, Law, Anthropology, Nursing, Theology, Public Health, Business, Physician’s Assistant, Chemistry, Physical Therapy, etc):

Role of this student in project:

Language Skills Necessary: specify language(s) and degree of fluency both written and oral (required or recommended):

Prior Training and Skill Mix Necessary: (specify each and whether required or recommended):

Student Number Three
Area of Study: (Medicine, Law, Anthropology, Nursing, Theology, Public Health, Business, Physician’s Assistant, Chemistry, Physical Therapy, etc):

Role of this student in project:

Language Skills Necessary: specify language(s) and degree of fluency both written and oral (required or recommended):

Prior Training and Skill Mix Necessary® specify each and whether required or recommended):

Student Number Four
Area of Study: (Medicine, Law, Anthropology, Nursing, Theology, Public Health, Business, Physician’s Assistant, Chemistry, Physical Therapy, etc):
Role of this student in project:
_____________________________________________________________________________
_____________________________________________________________________________

Language Skills Necessary: specify language(s) and degree of fluency both written and oral (required or recommended):
_____________________________________________________________________________

Prior Training and Skill Mix Necessary: (specify each and whether required or recommended):
_____________________________________________________________________________

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V. PROJECT DETAILS

What facilities are available for student living quarters and meals during their time on site? Please give details and approximate costs.
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Is transportation a problem for successful experiences for this project? If so, please give details and approximate costs.
_____________________________________________________________________________

Are immunizations recommended or required for work at this site?
_____________________________________________________________________________

Will the students be exposed to blood or blood products? Is there on-site access to experts in the event of potential exposure to blood borne pathogens?
_____________________________________________________________________________

What tangible benefit will the community receive from this project?
_____________________________________________________________________________
Will the results potentially be publishable in a peer reviewed journal? Will publication be sought by mentor(s) or team members?

_____________________________________________________________________________

VI. CO-SUPPORT

Please specify any co-funding sources for both financial support and in-kind support that would be available for this project

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Important Note: GHI will consider results of prior awards and at the Institute’s discretion, may offer continuation of an award (must be exceptionally successful and have potential for future equal success). Discussion will be held prior to evaluation of team proposals for given academic year and will influence funding. Proposal for continuation will be evaluated by same criteria. Deadline for assembled multi-school/multidisciplinary team applications to GHI is February 4, 2019.

As PI, if you have additional requirements, such as required preparatory/planning meetings, feel free to include in your announcement.

Additional EMORY FACULTY MENTOR(S):

Name and Degree(s):

School and Department at Emory University

Current mailing address:

Email:

Telephone number:

Additional ON-SITE MENTOR(S):
Name and Degree(s):____________________________________________________________

Primary Organization and Title(s)_______________________________________________________________________

_____________________________________________________________________________

Current mailing address__________________________________________________________

_____________________________________________________________________________

Email:________________________________________________________________________

Telephone number:____________________

MANY THANKS!!