



Environmental Health Australia

EOI for Twinning program to Zambia

Background

The International Federation of Environmental Health (IFEH) has a twinning program which facilitates environmental health professionals working with colleagues in other countries. In 2016, a twinning agreement was established between Environmental Health Australia (EHA) and the Zambian Institute of Environmental Health (ZIEH).

In July 2017, the two EHA members who initiated the agreement are returning to Zambia. There is an opportunity **for up to four (4) other EHA members to join the trip** and work with Zambian Environmental Health Officers (EHOs).

Activities

The primary focus of the trip is to help build capacity among Zambian EHOs and to learn more about the environmental health challenges in Zambia.

Work-related activities will include:

- Meeting with environmental health organisations;
- Shadowing EHOs (e.g. on inspections); and
- Running several training workshops.

Cost

Each person must cover all their own expenses including:

- Airfares;
- Travel insurance;
- Visa;
- Pre-medical check including immunisations and medications (e.g. anti-malarial medication);
- Expenses while traveling and in Zambia (e.g. food, etc.); and
- Any tourist activities (e.g. safari tour) and associated accommodation, etc.

The approximate total cost (excluding tourist activities) is \$5,000.

Whilst undertaking twinning program activities, accommodation will be provided by local EHOs. This will assist reduce the cost of accommodation, but participants need to pay for their food due to the high cost of food in Zambia compared to local wages.

Dates

Participants can join the group for 2½ or 4½ weeks.

Departure date: 4 July 2017

Return arrival date: 22 or 23 July 2017 (2½ week trip)

4-week return date: 3 or 4 August 2017 (4½ week trip)

Note: from 22-29 July 2017 participants may undertake tourist activities or continue in the twinning program.

Eligibility criteria

- Membership with an EHA state association for a minimum of 1 year.
- Medically fit to travel and participate in the twinning program.

Selection criteria

- Demonstrated commitment to EHA and its values.
- Professional experience.
- Areas of technical expertise (i.e. if expertise aligns with training needs).

Note: it is envisaged that the group will comprise of a mix of experienced and less experienced members, with diverse experience. If many EOIs are received, the order in which they were received may also be considered.

The selection panel consists of Amanda Hutchings, Belinda Davies and an EHA National Board director.

Contact/enquiries

Belinda Davies
Ph: 0410 661 384
b2.davies@qut.edu.au

Amanda Hutchings
Ph: 0416 026 967
Email: amandahutchy@hotmail.com

EOI

To express your interest in this trip please complete the following EOI form and return it to national@eh.org.au by **Friday 19 May 2017**.

Additional information

All participants will be required to abide by the EHA Code of Conduct at all times.

Participants will be required to sign a form acknowledging that EHA bears no legal responsibility for any issues arising as a result of the trip and indemnifying EHA.



EOI for Twinning program to Zambia

| | |
|--------|--|
| Name | |
| Email | |
| Phone | |
| Gender | |

Eligibility criteria

EHA membership:

State association:

- | | | |
|--|--|--|
| <input type="checkbox"/> New South Wales | <input type="checkbox"/> South Australia | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> Queensland | <input type="checkbox"/> Tasmania | <input type="checkbox"/> Western Australia |

Membership class:

- | | | |
|---|---|---|
| <input type="checkbox"/> Full member | <input type="checkbox"/> Student member | <input type="checkbox"/> Fellow |
| <input type="checkbox"/> Associate member | <input type="checkbox"/> Part-time member | <input type="checkbox"/> Life fellow |
| <input type="checkbox"/> Graduate member | <input type="checkbox"/> Retired member | <input type="checkbox"/> Corporate member |

Fit to travel:

Are you medically fit to travel to Zambia and undertake the activities related to the twinning program?

- Yes No

Will you attend a travel doctor/GP prior to the trip and adhere to all the advice provided regarding immunisations, medications to take, etc.?

- Yes No

Do you have any medical conditions that the organisers should be aware of? e.g. asthma, allergies, epilepsy, etc. (Note: this information is confidential and will not necessarily impact on your eligibility to participate in the trip).

- Yes No

If yes, please provide details:

Click or tap here to enter text.

Finance:

Are you able to fund the trip?

Note: This trip is not sponsored by EHA and each person has to fund all expenses associated with the trip.

Yes

No

Selection criteria

How have you demonstrated commitment to EHA and its values?

Click or tap here to enter text.

Please attach your CV/resume (max. 4 pages).

Identify your areas of technical expertise:

Food safety

Noise monitoring

Water quality

Other environmental monitoring

Infection control

Development of training materials

Communicable disease control

Delivering training

Mosquito monitoring and surveillance

Other (please specify: [Click or tap here to enter text.](#))

Risk assessment

Waste management

Are you willing to help develop training materials and help deliver courses? (select all that apply)

Yes, will help develop training materials.

Yes, will help deliver training courses.

Willing to help others presenting during the training courses.

Willing to help facilitate small group discussions during training courses.

No, not willing to help develop training materials or deliver courses.

Please provide details of your experience developing training material and/or delivering training. Do you have particular skills that could help the group prepare or deliver training (e.g. skilled in particular software)?

Click or tap here to enter text.

Interest in the twinning program

Please explain why you'd like to participate in the twinning program trip to Zambia. (max. 200 words)Click or tap here to enter text.

Referees

Referee 1

(Note: this person must have served on the board of your state EHA association within the last 5 years)

| | |
|-------------------------------------|--|
| Name | |
| Position | |
| Email | |
| Phone | |
| How long has this person known you? | |

Referee 2

| | |
|-------------------------------------|--|
| Name | |
| Position | |
| Email | |
| Phone | |
| How long has this person known you? | |