**VI. ANNEX-1**

**For All the Applicants**

**Infection Prevention and Control:**

**Antimicrobial Resistance and Healthcare-Associated Infections in the COVID-19 Era**

**(202208261J001)**

***Facility and Job Report***

Applicants are required to submit a Facility and Job Report with the application form. Please tick the box and typewrite in English for each question. As the applicant’s Facility and Job Report will be used for the screening of applicants, application not accompanied by a completed Facility and Job Report will not be considered as qualified.

Name of Applicant (Country): （　　　　　　　　　　　　　　　　　　（　　　　　　　　　　））

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| --- |
| * Your position:

　　□Administrative officer (management level) □Administrative officer (technical level) 　　□Clinical staff (management level) □Clinical staff (non-management level)　　□Others( )* Your specialty:

　　□Medical Doctors □Nurses □Dentist □Pharmacist 　　□Others( )* Your highest academic degree:

　　□Bachelor degree □Master degree □Doctoral degree |
| Please list three AMR & HAIs control measures in your country that should be further strengthen in your opinion. |
| **Could you describe the main barriers to AMR/HAIs control in your hospital setting and tell us what you would like to learn from this course?** |
| **For Administrative officer*** Name of your department:
* No. of staff in your department:
* Specialty of staff in the department:

　　□Medical doctor □Nurses □Pharmacist □Technologist 　　□Epidemiologist □Administrator 　　□Others( )* Is there any national guideline of Antimicrobial Resistance and Healthcare-associated infection control in your country?

　　　□Yes □No* Is there any surveillance system and report system for Antimicrobial Resistance and Healthcare-associated infections in your country?

　　　□Yes □No* What is your main task in your department?
 |
| **For Clinical staff*** Name of your hospital：
* Number of beds：
* Which specialties does your hospital have?

　　□Internal medicine □Surgery □Obstetrics □Pediatrics　　□Tuberculosis 　　□Infectious Disease Control □Emergency Medicine □Intensive Care　　　　□Other ( )* Number of Doctors：
* Number of Nurses：
* Number of Co-medical personnel：
* Is there an ICC (Infection Control Committee) or ICT (Infection Control Team) in your hospital?

　　　□ICC (Number of members ) 　　　□Dr □Ns □Microbiologist □Pharmacist □Administrator 　　　□Others （　　　　　　　　　　　　　　　　　　　　　　） 　　　□ICT (Number of members ) 　　　□Dr □Ns □Microbiologist □Pharmacist □Administrator 　　　□Others （　　　　　　　　　　　　　　　　　　　　　　） 　　　□None* Are you a member of …

□ ICC (Infection Control committee) / □ ICT (Infection control team) ?　 □ Other （Please specify） * What is your task in controlling healthcare-associated infections in your hospital?
* Is there an infection control manual in your hospital?

　　　□Yes □No * Is there any infection control training program for your hospital personnel?

　　　□Yes □No　　・ For whom?　　　□Dr □Ns　 □Assistant Nurse □Pharmacist □Microbiologist □Cleaner 　　　□Administrator □Other ( ) ?* Is there any surveillance system for Antimicrobial Resistance and Healthcare-associated infections in your hospital?

　　　□Yes □No　　　(If Yes, describe the surveillance system of your hospital briefly)* Is there any post-exposure management policy (e.g., for needle stick injuries) for hospital personnel in your hospital?

　　　□Yes □No |