 Approved for USE by the Consultative Committee Of the Board



RHU CAN FORM 150

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. GROUP ACTIVITY MEDICAL CAMP SOCIAL GATHERING   Medical Group Community Activity Nonmedical Community | | | | | | | | | 1a. MEMBER NETWORK NUMBER  Click or tap here to enter text. | | | | |
| 1. APPLICANT NAME: | | | | 2a. DATE OF BIRTH /FOUND  Click or tap to enter a date. | | | SEX  M F | | 2b. MEMBER NETWORK NAME: | | | |
| 1. APPLICANT CAN NUMBER | | | | 3a. Relationship With Member  Click or tap here to enter text. | | | | | 3b. NETWORK ADDRESS | | | |
| 1. ADDRESS | | | | 4a. COUNTRY | | | | | 4b. REGION Choose an item. | | | |
| 1. TELEPHONE NUMBER: Include Country Code | | | | | | | | | 5a. TELEPHONE | | | |
|  | | | | | | | | | | | | |
| 1. ACTIVITY STATUS New OLD | | | | 6a. ACTIVITY NAME: | | | | | | | | |
| 1. ACTIVITY STAFF NO: | | | 7a. ACTIVITY DURATION IN DAYS | | | | | 7b. DATES From | | | | TO |
| 1. ACTIVITY NO. OF VOLUNTEERS | | | | | 8a. ACTIVITY BUDGET (IN UGANDA SHILLINGS) | | | | 8b. TYPE OF RHU SUPPORT  DRUGS | | | |
|  | | | | | | | | | | | | |
| 1. NAME OF COMMUNITY ACTION NETWORK COORDINATOR   9c. COORDINATOR SIGNATURE: | | | | | | 9a. TELEPHONE AND EMAIL  Tel        EM | | | | | 9b. LAST INSPECTION DATE    STAMP | |
|  | | | | | | | | | | | | |
| 1. NETWORK MEMBER APPROVAL INFORMATION: | | SIGNED BY INCHARGE: STAMPED | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. SUPPORTING DOCUMENTS CHECKLIST | | | | Copies of Licenses Quotation Signed Memorandum Of Agreement Detailed Activity Budget | | | | | | | | |
| OFFICIAL USE ONLY | | | | | | | | | | | | |
| SECRETARY CAN | Comments  Signed: | | | | | | | | | Approved By:  Name:  Signature  For Board Of Directors | | |

*RHU CAN DOCUMENT NUMBER 052446003F150 Department of Community Services Real Health*