 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 NUMBERClick or tap here to enter text. |
| 1. APPLICANT NAME:
 | 2a. DATE OF BIRTH /FOUNDClick or tap to enter a date. | SEXM[ ]  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:SignatureFor Board Of Directors |

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