

**RIIO** ✓

Quality Eye Health Solutions

**Rwanda International  
Institute of Ophthalmology****RESIDENCY TRAINING APPLICATION FORM****APPLICANT INFORMATION**

Title (Mr., Mrs., Ms., Miss, Dr, Professor):	
First Name:	
Surname:	
Date of Birth:	Gender:
Mailing address:	
City:	Country:
Telephone (1):	Telephone (2):
Email Address:	
Country of Origin:	Country of Residence:
Next of Kin:	Relationship
Next of Kin Physical Address:	
Next of Kin Email:	Next of Kin Phone Number:
Do you have a valid medical insurance cover? If so, give details:	
Do you suffer from any medical condition or disability that could in any way limit your training experience or necessitate additional support while you are on the program? If so give details:	
<b>QUALIFICATIONS</b>	
Primary medical qualification (PMQ) (E.G. MBCHB):	
Conferring University/Medical School:	
City and Country PMQ gained:	
Year of qualification:	
Other Degrees and Diplomas (with dates and conferring institution):	
Any Ophthalmology related examinations passed or in progress? (e.g. ICO Part 1):	
Home Country Medical Registration Board Name and Reg. Number:	
Validity Period:	

### TRAINING APPLICATION DETAILS

Are you aware of any factor that may make you ineligible to reside in Rwanda? Detail if Yes

Expected Start date:

NB: Next start date is 20/01/2026

Languages spoken:

Languages written:

Funding Source Tuition fees if known:

Funding Source Living Expenses if known:

Do you intend to apply for a scholarship?

☐ Yes ☐ No

If Yes, indicate what scholarship you will be seeking.

☐ Tuition Expenses ☐ Living Expenses

### POST-GRADUATION EXPERIENCE

(please list in chronological order all the relevant professional appointments/experiences which you have held since you graduated as a medical doctor)

Post/Role	Full time / Part-time (%)	Substantive / Locum	Specialty	Hospital	Start and end dates
Research & publications					

### SIGNATURES

This confirms that the above information is correct.

Applicant's Signature:

Date:



Quality Eye Health Solutions

## Rwanda International Institute of Ophthalmology

### DECLARATION AND SIGNATURE (all applicants to complete)

- I certify that I have read the instructions and understood the questions on this form and that the answers are true and correct.
- I authorize RIIO to audit my application by obtaining official records from any institution I have attended or conducting any other enquiries to otherwise verify documents presented with my application including but not limited to evidence of English language proficiency and referee reports and enquiries to determine whether I have any undeclared study. Accordingly, I consent to the RIIO providing my personal information to any relevant third party for these purposes. If requested, I will provide original documents to support my application.
- I acknowledge and accept that RIIO may vary or cancel any decision made or reject this application on the basis of incorrect, incomplete or fraudulent information provided by me or by my referees.
- I recognize that it is an offence to submit fraudulent documentation in support of an application for the purpose of gaining admission to RIIO. Where fraudulent documents are detected, I understand that my application will be rejected or if an offer has been made, it will be withdrawn or if I have already enrolled, my enrollment will be cancelled. Further, if a visa has been issued, the Department of Immigration will be notified. All matters concerning fraudulent documentation may be reported to the relevant Government and statutory authorities.
- If any information is discovered to be untrue or misleading in any respect, I consent to RIIO collecting, storing and disclosing this information to any relevant authority.
- I understand that RIIO may disclose the personal information I have given in this application to the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA) as well as the relevant offices of the Ministry of Education and Ministry of Health and that COECSA and the Ministries may collect and store my personal information for use in connection with their Information Management Systems and that they may also disclose the information to the Rwanda Revenue Authority
- I understand that I am responsible for payment of all tuition fees by the due dates and for my living expenses unless I have been awarded a scholarship or sponsorship which covers these costs. I am able to make appropriate arrangements to fund my studies. I have read and understood the tuition fee refund policy provided
- I understand that international students who are made an offer of admission will be required to provide passport details upon acceptance of the offer and that RIIO may provide information, personal and academic to any authority legally entitled to request it.

Applicant Signature:

Date:

<b>COECSA TRAINEE ASSOCIATE MEMBERSHIP APPLICATION</b> <b>To be completed by ophthalmologists in training leading up to a COECSA fellowship in a COECSA accredited institution</b>	
<b>APPLICANT INFORMATION</b>	
Title (Mr, Mrs, Mx, Miss, Dr, Professor):	
First Name:	
Surname:	
Date of Birth:	Gender:
Mailing address:	
City:	Country:
Telephone (1):	Telephone (2):
Email Address:	
<b>OPHTHALMOLOGY TRAINING SITE AND APPOINTMENT DETAILS</b>	
Admitting Training Institution: <a href="#">RWANDA INTERNATIONAL INSTITUTE OF OPHTHALMOLOGY</a>	
Training Accreditation and Certification: <a href="#">COLLEGE OF OPHTHALMOLOGY OF EASTERN CENTRAL AND SOUTHERN AFRICA (COECSA)</a>	
Country: <a href="#">RWANDA</a>	
Training Hospital name: <a href="#">RIIO@KIBAGABAGA</a> and <a href="#">RIIO iHOSPITAL</a>	
Post appointed to (e.g. Residency Year 1): <a href="#">RESIDENCY YEAR 1</a>	
Expected Start date: <a href="#">JANUARY 2026</a>	Expected Completion date: <a href="#">OCTOBER 2029</a>
Funding Source:(Enter if known): Click or tap here to enter text.	
Programme Director Name and Signature: <a href="#">PROF WANJIKU MATHENGE</a>	
<b>DECLARATION</b>	
<p><i>I consent to become a Trainee Associate member of The College of Ophthalmology of Eastern Central and Southern Africa and agree to be bound by the Ordinances, Bye-Laws and Conduct Regulations as set out in the COECSA Constitution of the College and any amendments to them in the future. To further, to the best of my ability, the objectives and best interests of the College and to uphold the best possible standards in relation to ophthalmology and patient care. I agree to comply with the terms of the College's Code of Conduct when acting in any capacity on behalf of the College. I agree to inform the College promptly if I become subject to any warnings or limitations imposed by any regulatory body regarding my conduct or performance. I understand that if I fail to pay the appropriate rate of annual subscription, I will cease to be a 'member in good standing' of the College.</i></p> <p>It is important that membership is maintained throughout training; failure to do so will result in the removal of access to the e- portfolio and all other benefits. This form is for the initial application. The appropriate renewal form will be filled in for subsequent years of training. A comprehensive list of membership benefits and details on the annual subscription fee is available at the COECSA website. Subscriptions are collected before July each year.</p> <p><b>All enquiries regarding membership should be directed to:</b>  The CEO  The College of Ophthalmologists of Eastern, Central and Southern Africa  Email : <a href="mailto:info@coecea.org">info@coecea.org</a> with</p>	
I wish to apply for Trainee Associate membership of the College, and I understand that membership is <b>not</b> the same as being a fellow of the College <input type="checkbox"/>	Signature of applicant:   Date: