Annex 1

Sample Pre-Training Evaluation Form for the Coalition Building Workshop

First name: __________________________________________________________

Family name: ________________________________________________________

Organization: _________________________________________________________

Country of origin: ____________________________________________________

Email address: _________________________________________________________

Telephone number: ____________________________________________________

Gender

☐ female  ☐ male  ☐ other/prefer not to say

Dietary restrictions

☐ Vegetarian  ☐ Kosher  ☐ Halal  ☐ Other: ___________

Will you require nursing/childcare facilities?

☐ Yes  ☐ No

If yes, please describe the facilities you require:
____________________________________________________________________

Do you have any specific mobility needs?

☐ Yes  ☐ No

If yes, please describe the assistance you require:
____________________________________________________________________

May we share your contact information with other workshop participants?

☐ Yes  ☐ No

Do you consent to photos of the workshop being taken?

☐ Yes  ☐ No
Please describe your work. What population(s) do you mostly focus on?

____________________________________________________________________

____________________________________________________________________

What experience do you have working in or starting coalitions?

____________________________________________________________________

____________________________________________________________________

Are you currently involved with or considering starting a coalition? If so, what do you see as the aim of the coalition? What steps have you already undertaken? What challenges are you facing?

____________________________________________________________________

____________________________________________________________________

What is your objective for participating in the workshop?

____________________________________________________________________

____________________________________________________________________

Do you have any specific questions about coalitions you would like answered?

____________________________________________________________________

____________________________________________________________________

Do you have any questions about the training that ODIHR may be able to answer?

____________________________________________________________________

____________________________________________________________________