

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?
