**Training Report**

**COMMUNITY CARE MANPOWER DEVELOPMENT AWARD**

**(CCMDA)**

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| --- | --- |
| **Programme Title:** |  |
| **Training Institution/Country:** |  |
| **Start Date:** |  |
| **End Date:** |  |
| **Report Submitted By:** | **Name:** **Designation:****Organisation:** |
| **Endorsed by Institution CEO or equivalent:** |  |

**Please start each question on a fresh page.**

**Pre-Course report**

**1. BACKGROUND**

*Please include information on the scope of your training background, scope of work and length of service at your present organization. What were the contributing factors in choosing this course and training institution?*

**2. OBJECTIVES OF TRAINING**

*Please state briefly what you hope to achieve from this course/training. How will attending this course benefit your personal development and your organization’s capabilities?*

**Post-Course Evaluation**

**3. TRAINING PROGRAMME**

*Briefly describe the activities attended, e.g. visits/tours, observational sessions, etc. In addition, please include comments on the usefulness of the activities in achieving your objectives. For those attending academic courses leading to a formal qualification, please provide your transcript.*

**4. LEARNING POINTS**

*Using the objectives from section (2) as headers, please elaborate on whether and how the objectives were fulfilled, and if not, the reasons why. Additional learning points can be included in*

*this section under separate headers.*

**5. COURSE REVIEW**

*Critically appraise the strengths and weaknesses* ***of the course****. What areas/modules were most effective and why? In addition, if there were areas in the course that were not useful, please give reasons on how it could be improved. Would you recommend others to this course and institution?*

**6. FACILITATOR REVIEW**

*Critically appraise the strengths and weaknesses* ***of the facilitator/s****. What areas can they improve on?*

**7. CONCLUSION**

*How has this funding benefitted you? Aside from improving your knowledge and skills, please elaborate on the personal and professional benefits you have received from attending this course. How do you hope to apply the skills acquired in your work? (For example,providing training sessions for staff, setting up new services, modifying treatment guidelines etc.) Please also include a timeline on when you intend to implement these actions.*

**8. TRAINING EVALUATION SURVEY**

*Please complete the training evaluation survey (Annex A) which seeks your quantitative feedback on the training programme attended. The survey forms part of your training report submission. Claims will only be processed upon submission of both the training report and survey.*

**Annex A**

|  |  |
| --- | --- |
| ***Training Evaluation survey*** |  |

The purpose of the training evaluation survey is to gather feedback from awardees in order to evaluate the quality of the training programmes attended. This survey should take not more than 5 minutes to complete and all responses will be kept confidential. Please answer **ALL** questions.

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| --- | --- |
| **Name:**  |  |
| **Organization:** |  |
| **Training Progamme:** |  |

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| --- |
| **Please rate the following: (please click on the box to check √)** |
| **About the Programme and Trainers** | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** |
| The course was relevant in meeting my training objectives |[ ] [ ] [ ] [ ] [ ] [ ]
| I have acquired new skills and knowledge |[ ] [ ] [ ] [ ] [ ] [ ]
| The new skills and knowledge are applicable in my workplace |[ ] [ ] [ ] [ ] [ ] [ ]
| The trainer was knowledgeable |[ ] [ ] [ ] [ ] [ ] [ ]
| The trainer was able to share experience in a local context. |[ ] [ ] [ ] [ ] [ ] [ ]
| **How would you rate the lecturers’ effectiveness in terms of the following:** | **Very Poor** | **Poor** | **Average** | **Good** | **Very Good** | **Excellent**  |
| Subject matter knowledge and experience |[ ] [ ] [ ] [ ] [ ] [ ]
| Keeping the sessions interesting and stimulating |[ ] [ ] [ ] [ ] [ ] [ ]

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| **Please rate the following: (please click on the box to check √)** |
| **About the Overall Programme** | **Very Poor** | **Poor** | **Average** | **Good** | **Very Good** | **Excellent**  |
| How would you rate the overall programme? |[ ] [ ] [ ] [ ] [ ] [ ]
|  |
| On a scale of 1 to 10, with 1 being ‘Not at all’ and 10 being ‘Extremely Likely’, how likely are you to recommend this programme to your colleagues or friends? |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Do you have any other comments or suggestions about the training programme to share?  |