

<b>Devolution Trust for Community Empowerment</b> <i>H #18, St #18, F-6/2, Islamabad. Tel:2878235-38, Fax:2878240  contact@dtce.org.pk</i>	Document no: DTCE-IME-CBE-1
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	Revision no:0.3
	Revision Date: 27-03-2006
<b>CAPACITY BUILDING EVALUATION REPORT (CCBM)</b>	

Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.

1	<b>Name of District</b>	
2	<b>Name of Tehsil</b>	
3	<b>Union Council</b>	Union Council Name:
		Union Council Number (if available):

4	<b>Location/Venue of Training</b>		
5	<b>Date of Event (day/month/year)</b>	Start Date	End Date
6	<b>Duration of Event (in total number of hours)</b>		
	<i>Please calculate the total number of hours for the training event. For example, if a training session has been meeting for 6 hours every day for three days, then the total number of hours would be 18.</i>		

7	<b>Name of organization conducting the training event:</b>		
8	<b>Number of trainers for the training event</b>		
9	<b>Trainer's Information</b>	Name:	
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
		Address:	
		Phone 1: Area Code [     ] Number	
		Phone 2: Area Code [     ] Number	
10	<b>Trainer's Information</b>	Name:	
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
		Address:	
		Phone 1: Area Code [     ] Number	
		Phone 2: Area Code [     ] Number	
		Qualification:	

<b>Filled By</b>	Name
	Designation
	Organization
	Date (day/month/year)
	Signature

Trainees Attendance and Score Sheet								
Sr #	Name	Gender (M/F)	Designation (Nazim, Councilor etc)	Organization (UC, CCB etc)	Pre-test Score	Post-test Score	Day 1	Day 2
1								
2								
3								
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Trainees Attendance and Score Sheet								
Sr #	Name	Gender (M/F)	Designation (Nazim, Councilor etc)	Organization (UC, CCB etc)	Pre-test Score	Post-test Score	Day 1	Day 2
27								
28								
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31								
32								
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