



Community-Based Monitoring System

CBMS Trainor Accreditation Form

Module 1: Data Collection

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

- National Government Agency
 NGA Regional Office
 Academic Organization
 Local Government Unit
 NGO
 Others (Specify) _____

A. Trainings Attended

Please list the CBMS data collection trainings that you have attended in.

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

B. Trainings Conducted

Please list the CBMS data collection trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

C. CBMS Coordination

Have you been involved in overseeing or coordinating CBMS implementation in at least 1 Local Government Unit ? (please check appropriate box)

Yes No

Are you currently overseeing or coordinating CBMS implementation in at least 1 Local Government unit ? (please check appropriate box)

Yes No

If yes, please identify local government unit/s

D. Level of confidence in conducting CBMS data collection training

How do you rate your level of confidence in conducting CBMS data collection training?

Very Low Low Average High Very High

E. Feedback on Module 1

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainor accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature Date



Community-Based Monitoring System

CBMS Trainor Accreditation Form

Module 2: Encoding of CBMS Questionnaires and Digitizing Maps

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

- National Government Agency
 NGA Regional Office
 Academic Organization
 Local Government Unit
 NGO
 Others (Specify) _____

A. Trainings Attended

Please list the previous CBMS trainings that you have attended in.

Location	Date	Number of participants	Training Organizer
Module 1:			
Module 2:			

** Please use additional sheet if necessary*

B. Trainings Conducted

Please list the CBMS data encoding and map digitizing trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

C. Level of confidence in conducting CBMS Module 2 training

Very Low Low Average High Very High

How do you rate your level of confidence in using the CSPro-based encoding system? ○ ○ ○ ○ ○

How do you rate your level of confidence in conducting the training using the CSPro-based encoding system? ○ ○ ○ ○ ○

How do you rate your level of confidence in using the NRDB software in digitizing maps? ○ ○ ○ ○ ○

How do you rate your level of confidence in conducting the training using the NRDB software in digitizing maps? ○ ○ ○ ○ ○

How do you rate your level of confidence in conducting the over-all training on encoding questionnaires and digitizing maps? ○ ○ ○ ○ ○

D. Feedback on Module 2

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainor accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature Date



Community-Based Monitoring System

CBMS Trainor Accreditation Form

Module 3: Data Consolidation and Building of the CBMS Database

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

- National Government Agency
 NGA Regional Office
 Academic Organization
 Local Government Unit
 NGO
 Others (Specify) _____

A. Trainings Attended

Please list the previous CBMS trainings that you have attended in.

Location	Date	Number of participants	Training Organizer
Module 1:			
Module 2:			
Module 3:			

* Please use additional sheet if necessary

B. Trainings Conducted

Please list the CBMS data consolidation and building of the CBMS database trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

* Please use additional sheet if necessary

C. Level of confidence in conducting CBMS Module 3 training

Very Low Low Average High Very High

How do you rate your level of confidence in using the StatSim?

How do you rate your level of confidence in conducting the training using the StatSim?

How do you rate your level of confidence in using the NRDB software in poverty mapping?

How do you rate your level of confidence in conducting the training using the NRDB software in poverty mapping?

How do you rate your level of confidence in using the CSPro Crosstabs?

How do you rate your level of confidence in conducting the training using CSPro Crosstabs?

How do you rate your level of confidence in conducting the over-all training on data consolidation and building of the CBMS database?

D. Feedback on Module 3

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainor accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature Date



Community-Based Monitoring System

CBMS Trainor Accreditation Form

Module 4: CBMS-Based Planning and Budgeting

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

- National Government Agency
 NGA Regional Office
 Academic Organization
 Local Government Unit
 NGO
 Others (Specify) _____

A. Trainings Attended

Please list the CBMS-based planning and budgeting (module 4) trainings that you have attended in.

Location	Date	Number of participants	Training Organizer
Module 1:			
Module 2:			
Module 3:			
Module 4:			

** Please use additional sheet if necessary*

B. Trainings Conducted

Please list the CBMS-based planning and budgeting (module 4) trainings that you served as a resource person

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

D. Level of confidence in conducting CBMS Module 4 training

How do you rate your level of confidence in conducting CBMS-Based Planning and Budgeting training?

Very Low Low Average High Very High

E. Feedback on Module 4

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/or incomplete information may lead to the refusal of my application for CBMS Trainor accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature Date