



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)

- | | | |
|---|--|---|
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> NGA Regional Office | <input type="checkbox"/> Academic Organization |
| <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> NGO | <input type="checkbox"/> 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