

Workshop on Clinical Care for Sexual Assault Survivors & Evaluation (CCSAS)

North of Lebanon - February 14 & 15, 2013

Participant Questionnaire

Kindly fill in the below questionnaire to assist us better assessing your background in the area of SGBV and CCSAS so as to make the best outcomes of the intended workshop.

Full name:		Sex		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Mobile Tel. No.:		Email address:		
Educational Background		Currently working for (Name of employer)		
Position title		No. years of experience		
Foreign language skills	<input type="checkbox"/> English	Are you currently receiving refugees at your work place?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> French		<input type="checkbox"/> No	
Explain in 2 sentences WHY you are interested in this training?				
Have you ever received training on SGBV?	<input type="checkbox"/> Yes			
	<input type="checkbox"/> No			
If your answer was "Yes", please answer the questions:	When was that?			
	Who was the organizer?			
	Where did you receive the training?			
Have you ever received training on CCSAS	<input type="checkbox"/> Yes			
	<input type="checkbox"/> No			
If your answer was "Yes", please answer the questions:	When was that?			
	Who was the organizer?			
	Where did you receive the training?			
What are your expectations of this workshop?				

We will inform you by **February 11, 2013** if your application has been successful.

THANK YOU!