**SELF-EVALUATION REPORT FORM OF TRAINING FOR CITIZENS AND PUBLIC SECTOR[[1]](#footnote-2)**

|  |  |
| --- | --- |
| Project title | Development of master curricula for natural disasters risk management in Western Balkan countries  |
| Project acronym | NatRisk |
| Project reference number | 573806-EPP-1-2016-1-RS-EPPKA2-CBHE-JP |
| Coordinator | University of Nis |
| Project start date | October 15, 2016 |
| Project duration | 36 months |

|  |  |
| --- | --- |
| Type of event | Training |
| Venue |  |
| Date |  |
| Organizer |  |
| Reporting date |  |
| Report author(s) |  |

Project number: 573806-EPP-1-2016-1-RS-EPPKA2-CBHE-JP

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**TRAINING DESCRIPTION**

**with special reference to goals and outcomes**

|  |  |
| --- | --- |
| Number of participants at the training |  |
| Participants (organisations)  |  |
| Training description:  |
|  |

**Attachments**

|  |  |
| --- | --- |
| **Attendance sheet (pdf)** | Title  |
| **Photos (jpg)** | Title(s)  |
| **News form (pdf)** | Title  |
| **Deliverable (pdf)** | Title of document  |
| **Presentations (pdf)** | Title(s) |
| **Other personal remarks** |
|  |

**Organisation details**

|  |  |
| --- | --- |
| **Invitation sent to** |  |
| **Date of training material release** |  |
| **Date of participants list's finalisation** |  |
| **Number of participants (according to the participants list)** |  |
| **Comments** |
|  |

**Problems encountered during the training preparation phase**

|  |
| --- |
| Please add your comments, if any:  |

**Strengths and limitations of the training** (please include comments received)

|  |  |
| --- | --- |
| **Strengths of the event and contributions or activities by participants** |  |
| **Suggestions for the improvement** |  |
| **Any further comments** |  |

**Evaluation details**

**Results of evaluation the general organisation of the training**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation the general participant expectations**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

**Results of evaluation of trainer**

|  |
| --- |
| **Description** |
|  |
| **Table(s)/Figure(s)** |
|  |

Please indicate your suggestions for further training’s improvement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location, date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *This form has to be filled by training organiser and sent on e-mail address:* natriskuni@gmail.com *five days after training.*  [↑](#footnote-ref-2)