**SELF-EVALUATION REPORT FORM OF TRAINING FOR HCWs AND STUDENTS**

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| --- | --- |
| Project title | Strengthening Capacities for Higher Education of Pain Medicine in Western Balkan countries |
| Project acronym | HEPMP |
| Project reference number | 585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP |
| Coordinator | University of Belgrade |
| Project start date | October 15, 2017 |
| Project duration | 36 months |

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

Project number: 585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP (2017 – 3109 / 001 – 001)

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*This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which ma y be made of the information contained therein.*

**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:

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Location, date Signature

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