

Monitoring and Evaluation (M&E) of Family Planning Programs Workshop

Application Form

First Name

Surname

Sex

Male

Female

Date of Birth

Country of Citizenship

Country of Current Residence

Current Position/ Job Title

**Describe your experience working in
family planning programming**

**Describe your present duties and
responsibilities, specifically with regard
to work-related M&E activities:**

**Name of Organization / Institution you
currently work for**

Type of Organization

Business Mailing Address

City

Country

Business Phone Number

Personal Phone Number

E-mail Address

**Number of years total you have been
working professionally**

Your level of involvement in M&E
(check all that apply)

- National level
- Provincial / regional level
- District level
- Sub-district level
- Other (i.e. project level)
- Not currently involved in M&E

Have you ever prepared an M&E plan,
alone or with colleagues?

- Yes
- No
- Other

Have you been involved with actual
implementation of monitoring and/or
evaluating activities?

- Yes
 - No
 - Other
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Please tell us how you heard about this
workshop (check all that apply)

- Addis Continental Institute of Public Health (ACIPH)
website or other communications
 - MEASURE Evaluation website or the "Monitor"
 - MLE project website
 - 2013 International Conference on Family Planning
website
 - Social media website (e.g. Twitter, Facebook)
 - Your employer or colleague at your workplace
 - Other
 - Listserv (please state which one)
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Will you be attending the International
Conference on Family Planning?

Date

Please e-mail your completed application to Ms. Seada Beyan, Training officer at [ACIPH](mailto:seadabeyan@addiscontinental.edu.et):
seadabeyan@addiscontinental.edu.et. Completed applications must be received by **October 7, 2013**.

