

Questionnaire on Civil Registration Capacity Building

Please

- (1) Download this form to your PC
- (2) Fill the Form electronically and save it
- (3) Send it back to: training@sesric.org

QUESTIONNAIRE

GENERAL INFORMATION

- Please provide us with information regarding your **institution**:

Name of Institution	:						
Phone	:	Country Code:		City Code:		Phone:	
Fax	:					Fax:	
Web Address	:						
E-mail	:						
Postal Address	:						

- Please provide us with information regarding the **HEAD** of your institution:

Name	:						
Position	:						
Phone	:	Country Code:		City Code:		Phone:	
Fax	:					Fax:	
E-mail	:						

- Please provide us with information regarding **other contact persons** in your institution:

Name	:						
Position	:						
Phone	:	Country Code:		City Code:		Phone:	
Fax	:					Fax:	
E-mail	:						

Name	:						
Position	:						
Phone	:	Country Code:		City Code:		Phone:	
Fax	:					Fax:	
E-mail	:						

CAPACITY BUILDING MATCHING TABLE

For each of the subjects / areas given below, please indicate

- if your institution can offer training (check the box '**Can Offer Training**') or
- if your institution needs training (check the box '**Need**' under '**Training Needed**').
- specify the priorities by using a 1-to-4 scale (1 for the most urgent, 4 for the least urgent)

Subjects / Areas	Can Offer Training	Training Needed	
		Need	Priority Rank
Civil registration and vital statistics	<input type="checkbox"/>	<input type="checkbox"/>	
Compiling and dissemination of population and migration statistics	<input type="checkbox"/>	<input type="checkbox"/>	
Computerization of civil registration systems	<input type="checkbox"/>	<input type="checkbox"/>	
Smart card and e-government applications	<input type="checkbox"/>	<input type="checkbox"/>	
Manual card and civil registration systems	<input type="checkbox"/>	<input type="checkbox"/>	
Civil registration systems for refugees and internally displaced persons	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify below)			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	