



**EXPANDED CHURCH RESPONSE (ECR) TO HIV/AIDS TRUST**  
*Responding to HIV/AIDS through the Churches in Zambia*

**WORKSHOP/TRAINING/MEETING FORM**

**TYPE OF TRAINING/MEETING** \_\_\_\_\_ **DURATION** \_\_\_\_\_ (days)

**DATES OF TRAINING/MEETING** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **VENUE** \_\_\_\_\_

**NAME OF ORGANIZATION TRAINING /MEETING** \_\_\_\_\_ **PROVINCE** \_\_\_\_\_ **DISTRICT** \_\_\_\_\_

	<b>Name of Facilitator</b>	<b>Qualification</b>	<b>Organization</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

No	Name of Participant	Organization	Contact address	Phone/Fax	Identity #	Sex (M/F)	Age	Attendance (days)	Signature
1									
2									
3									
4									
5									
6									
7									
8									

**NAME OF ORGANIZER** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE**

\_\_\_/\_\_\_/\_\_\_

*(Other related documents such as agenda or timetable, and attendance register should be kept securely for future reference)*