



Strengthening Conservation Capacity Project  
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## Training Impact Assessment Form

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Date:

Reference No:

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1. Please fill in the detail on the right hand column of the table.

Name of Training	
Date of when the Training was conducted	
Venue of the Training	
Name of Training Participant	
Your current Position	
Name of Organization	
Postal Address	
Phone Number	
Fax Number	
E-mail Address	
Web Site	

2. Give examples of how the training has helped you and your organization to achieve some of your overall goals and objectives? Please give very brief background information on your organization before attempting the question. Use additional page if necessary.

3: The SCCP would also like to know if there is anything else that you have encountered in your program that is of relevance to the training program; and that the SCCP has not adequately addressed and should taken on board so that it could develop appropriate training information to meet your needs in the next round of trainings.

On behalf of the SCCP and its Management Group, I wish to take this opportunity to thank you for participating in our training program and also for your time in attending to the questionnaires. We hope your comments and input will help us move forward in a much better and bigger way.

Please forward the answers by email or fax them to the above contact address or forward them directly to me:

Yours Sincerely,

Tom Pringel  
Project Manager & Coordinator

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Phone: 326 7561

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