



6783/ഡി/2017/കെഎസ്എച്ച്ഒ

01/08/2017

പ്രേക്ഷിത

പ്രോഗ്രാം ഓഫീസർ (എം ഇ)
കുടുംബശ്രീ

സ്വീകർത്താവ്

എല്ലാ ജില്ലാ മിഷൻ കോ-ഓർഡിനേറ്റർമാർക്കും

സർ,

വിഷയം:- കുടുംബശ്രീ -എം ഇ സിമാർക്ക് ഇന്റർ നാഷണൽ ലേബർ ഓർഗനൈസേഷൻ മുഖേന പരിശീലനം നൽകുന്നത് - സംബന്ധിച്ച്.

കുടുംബശ്രീയുടെ എംഇസിമാർക്ക് ഇന്റർ നാഷണൽ ലേബർ ഓർഗനൈസേഷൻ മുഖേന **Start and Improve Your Business** എന്ന പരിശീലനം നൽകാൻ തീരുമാനിച്ചിട്ടുണ്ട്. പ്രസ്തുത പരിശീലനം ToT മാതൃകയിൽ 10 ദിവസത്തെ റെസിഡൻഷ്യൽ പരിശീലനമായിട്ടാണ് സംഘടിപ്പിക്കാൻ തീരുമാനിച്ചിട്ടുള്ളത്. ആയതിന്റെ മുന്നോടിയായി അനുബന്ധമായി ചേർത്തിട്ടുള്ള ചോദ്യാവലി താത്പര്യമുള്ള എംഇസിമാരിൽ നിന്നും പൂരിപ്പിച്ചു 2017 ആഗസ്റ്റ് 5-നകം സംസ്ഥാന മിഷൻ സമർപ്പിക്കേണ്ടതാണ്. പ്രസ്തുത ചോദ്യാവലി മാനദണ്ഡമാക്കി തിരഞ്ഞെടുക്കപ്പെടുന്ന എംഇസിമാർക്ക് മാത്രമാണ് പരിശീലനം നൽകുക. പരിശീലനത്തിന്റെ തീയതിയും സ്ഥലവും പിന്നാലെ അറിയിക്കുന്നതാണ്.

വിശ്വസ്തതയോടെ

പ്രോഗ്രാം ഓഫീസർ (എം ഇ)
കുടുംബശ്രീ

SIYB TRAINER

APPLICATION FORM FOR SIYB/ LEVEL-I TRAINING OF TRAINERS SEMINAR

Name:		Programme Applied:		
		Date of Application :		
Name of the organization employing you:		Employed since:		
Postal address of the organization:		Your I.D. Number:		
Telephone / fax:	E-mail:	Year of birth:		
Your home address and contact numbers:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Your position in the organization:				
Briefly describe your current job duties in your current position:				
What is the highest educational level you have completed?				
<input type="checkbox"/> Higher Secondary, <input type="checkbox"/> Graduation <input type="checkbox"/> Post Graduation <input type="checkbox"/> Technical/Vocational : <input type="checkbox"/> Other, specify _____				
Languages known:				
	Reading	Writing	Speaking	Teaching
English				
Tamil				
Malayalam				
Other				
What other relevant professional qualifications have you obtained?		Who do you normally train/support?		
		<input type="checkbox"/> Potential Entrepreneurs Owners/managers of <input type="checkbox"/> Micro-enterprises (<small>< 3 employees</small>) <input type="checkbox"/> Small-scale enterprises (<small><10 employees</small>) <input type="checkbox"/> Medium or larger scale businesses (<small>>10 employees</small>) <input type="checkbox"/> Other, specify: _____		
In which of the following Business Development Services (BDS) do you have expertise?		How many years of experience do you have in the provision of BDS?		
<input type="checkbox"/> Business counseling and advisory services <input type="checkbox"/> Business start-up training <input type="checkbox"/> Business management training <input type="checkbox"/> Vocational/Technical training <input type="checkbox"/> Financial assistance/Credit supply <input type="checkbox"/> Licensing/Legal assistance/Creation of associations <input type="checkbox"/> Other, specify: _____				
What particular experience do you have in business start-up and management training?				
<input type="checkbox"/> Planning courses (logistics, choice of venue, equipment, etc.) <input type="checkbox"/> Organizing courses (selection, training needs analysis and programme design) <input type="checkbox"/> Conducting courses (teaching, training and/or facilitation) <input type="checkbox"/> Evaluation of courses (appreciation, performance, impact)				
How many courses do you conduct on average per year, if any?				

Application continued

Name of trainer : _____

Do you have expertise and experience in training other, non-business management related subjects (i.e. leadership training)? If yes, specify,

Briefly describe your major strengths and weaknesses as a trainer:

Strengths :

Weakness:

Describe your own business experience, if any:

Use reverse page for further details

How do you rate your knowledge of the following business start-up and management topics?

Topic:	How do you rate your knowledge of these topics?			Have you ever trained business starters and/or entrepreneurs in these topics?	
	Good	Fair	Poor	Yes	No
<i>Entrepreneurial characteristics</i>					
<i>Making a Business Plan</i>					
<i>Generating and testing business ideas</i>					
<i>Marketing</i>					
<i>Legal forms of business</i>					
<i>Staffing</i>					
<i>Legal responsibilities and insurance</i>					
<i>Start-up capital, lending institutions, etc.</i>					
<i>Costing and Pricing</i>					
<i>Human Resource management</i>					
<i>Business and family</i>					
<i>Buying</i>					
<i>Stock control</i>					
<i>Financial planning</i>					
<i>Accounts/book-keeping</i>					

From the list of business start-up and management topics above, specify your favorite training subject, if any:

Human Resource Management

Which subject would you like to see addressed during a SIYB/ Level-I training of trainer seminar:

- Contents of business management
- Training methods
- Training tools/equipment
- Rhetoric and persuasion skills

Please specify:

Any other comments or suggestions from your side:

Declaration of the applicant

I hereby certify that the information about me provided in this application is true and accurate to the best of my knowledge. If, I am selected for the SIYB training of trainers programme, I assure to participate in the whole crash course' seminar to fulfill the requirement. I also understand that I am required to attend SIYB training of Trainer seminars to become a SIYB trainer. Also state that I will plan and conduct SIYB training and related activities, under sole instruction of the organization employing me without compromising SIYB set standard and its quality.

Date and signature:

Statement of the director/deputy director of the partner organization

It is confirmed that Mr./Ms/Mrs is employed by my organization as and has been officially nominated for the SIYB / Level-1 trainer development programme.

Date, signature and official stamp: