

CITY COOPERATIVE DEVELOPMENT OFFICE
 INFORMATION, EDUCATION and TRAINING DIVISION
TRAINING NEEDS ASSESSMENT

CCTP FORM 05; TNA

Name of Cooperative: _____ CDA Reg. No : _____
 Coop Address: _____ Date of Registration: _____
 Name of Respondent: _____ Position in the Coop: _____
 Type of Coop: _____ For Secondary Level/ Federation: _____
 Type of Business: _____

<input type="checkbox"/>	Credit Services	<input type="checkbox"/>	Consumers Marketing	<input type="checkbox"/>	Agri-Based
<input type="checkbox"/>	Producers	<input type="checkbox"/>	Multi-Purpose	<input type="checkbox"/>	Non-Agri Based
Other type: _____					
(Please Specify)					

We would like to know your training and assistance needs so we can serve you better.
 Please check (✓) your choice provided below. Prioritize the needs based on its urgency in the scale of 1-5.

1 = most urgent 3 = less urgent 5 = least needed 2 = urgent 4 = needed

TRAINING NEEDS On Topics / Subject Relating to:	LEVEL OF PRIORITY					DURATION
	1	2	3	4	5	
1. Fundamentals of Cooperatives Course (FCC)						2 days
2. Governance & Management of Cooperative						3.5 days
3. Conflict Management						2 days
4. Parliamentary Procedure						2 days
5. Leadership and Values Reorientation						2 days
6. Strategic Planning						2.5 days
7. Records Management						1.5 days
8. Entrepreneurial and Business Management						3.5 days
9. Basic Accounting for Non Accountants						3 days
10. Internal Control						3 days
11. Rules Formulation						2 days

OTHERS:

1. _____
2. _____
3. _____

Submitted by:

Coop. Chairperson