



SUKOON Trainers' Pool - Enrollment Form

This form helps Sukoon to identify and utilize resource persons in its Institutional Capacity Building Program. Kindly return after providing the required information to:
 Sukoon, GPO Box 111, Abbottabad, Pakistan.
 For additional information about Sukoon please visit us online at www.thesukoon.org

General			
Full Name			
Sex	Age	Email	
Postal Address			
Telephones		Mobile	
Membership Status in Sukoon Club if any			
Educational Qualifications			
Degrees / Certificates		Institutions	
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
Practical Experience			
Job title		Employer	Duration
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
Current Business			
Expertise in facilitating Training Workshops			
Title of the workshop conducted		Duration	Place
Client			
1)			
2)			

3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			

Special Areas of expertise / Interest in facilitating Training workshops

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Languages in which you can facilitate workshops

1)	4)
2)	5)
3)	6)

Expected minimum remuneration per day	
How long it will take you to be prepared for a workshop? ¹	
Does your current employer objects if you conduct workshops elsewhere?	
Do you allow Sukoon to mention your name online in its Trainers' Pool?	

Please sign to validate the information provided	Date

Thanks, you will be acknowledged soon for your status with Sukoon.

¹ Although SUKOON will have its own training manual, handouts and presentation slides for each workshop which will be provided to you for a review / modification.