



**APPLICATION FORM FOR SCORE Implementing Partner**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of organization/company** \_\_\_\_\_ **Country:** \_\_\_\_\_

Your position in the organization / company:	Established since: _____
Postal address:  Telephone / fax:  E-mail: Home address:	
What other relevant productivity training qualifications have your organization obtained?  1.  2.  3.	Who does your organization normally train/support?  <input type="checkbox"/> Potential Entrepreneurs <input type="checkbox"/> Owners/managers of small businesses <input type="checkbox"/> Income generating activities <input type="checkbox"/> Medium or larger scale businesses <input type="checkbox"/> Other, specify: _____
What experience does your organization have in adult education?  <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 years of experience does your organization have in adult education? _____
In which of the following Small and Medium Enterprises Development (SED) areas does your organization have experience? <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: _____	How many years of experience does your organization have in technical training? _____  How many courses does your organization Conduct on average per year? _____



SCORE Module Topics: What is your knowledge on following topics?				Have you trained enterprises in these topics?	
	Good	Fair	Poor	Yes	No
Strategic Management					
Bipartite workplace cooperation					
Communication					
5S					
Quantitative measurement					
Continuous improvement					
Total Quality Management & Tools					
Productivity					
Clean Production					
Human Resource Management					
Labour Relations and Collective Bargaining					
Occupational Safety and Health					
Hazard Chemicals					
Ergonomics					

What is your knowledge of Business the topics?				Have you trained enterprises in these topics?	
	Good	Fair	Poor	Yes	No
Balance Score Card					
Marketing and Pricing Strategy					
Operations Management					
Finance & Costing					
Warehouse Management					
Logistics					
Business Plan Development					
High Performance / Best Workplace Practices					