

## PRE-TRAINING EVALUATION

### **Data and Information Sharing**

*We are committed to the protection of the personal information of our participants. Personal information provided and communicated, by way of forms and questionnaires will be used solely by the Department of Environment and Natural Resource in updating staff/ employee and training database. We will ask for your consent, in the form of writing, before using information for a purpose other than those that are set out herein.*

I Agree. \_\_\_\_\_  
Signature over printed name

### **I. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Region: \_\_\_\_\_ Province: \_\_\_\_\_ Municipality: \_\_\_\_\_

Department/Division/ Office Assigned: \_\_\_\_\_

Position/ Designation: \_\_\_\_\_

No. of years in current position: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email address (include Gmail Account\*): \_\_\_\_\_

**\*Gmail account is needed to access the training modules in Google Classroom**

### **II. COMPUTER SKILLS**

Which computer software packages do you use regularly? Check all that apply.

\_\_\_\_\_ Word processing \_\_\_\_\_ Excel or other spread sheets \_\_\_\_\_ Email/internet

\_\_\_\_\_ Google drive/ One drive \_\_\_\_\_ Other (please specify)

### **III. SCOPE OF WORK IN THE MANAGEMENT OF BIODIVERSITY, MARINE PROTECTED AREAS AND NETWORKS**

A. What is your idea of an MPA network?

B. Is there an LGU alliance in your area that was created to address common issues and challenges related to coastal resource management? If YES, what is it called and what do you think about it?

- C. List down the MPANs and/or inter-LGU alliances created related to MPAs and coastal resource management that are found in your region. If it is an MPAN, include the names of the MPAs. If it is an inter-LGU alliance, list down the names of LGUs that are part of the alliance:

Name of MPAN/LGU alliance	Location	Number & Size of MPAs (has.)	Year Established	Legal Basis for Establishment	Management Plan (Present/absent, status*)	On-going major programs

- D. Describe your work in the management of MPA/Network based on the following components. Indicate the proportion of work relative to the thematic area (%):

Main Components of MPA/N roles & responsibilities	Percentage
<b>Planning</b> Development, review, and updating of the MPA/N management plan	
<b>Financial</b> Mobilize sustainable funding and resources for protected areas	
<b>Communications</b> Foster awareness, understanding and support of and for the MPA/N system and its values	
<b>Enforcement</b> Ensure creation and adoption of policies, strategies, laws, and regulations to prevent MPA/N-related violations	
<b>Monitoring and evaluation</b> Ensure the development and implementation of an effective monitoring and evaluation (M&E) program to determine if MPA/N objectives are being met	
<b>Total</b>	<b>100%</b>

- E. What are your major roles and responsibilities related to MPA/N management and implementation in your area?

F. As a DENR personnel, are you also involved in the LGU alliance? What is your role and responsibility in the LGU alliance?

G. Please briefly outline your individual current interests related to the scope of training.

H. Please mention three expectations from the training.

1.

2.

3.

#### **PARTICIPANT'S DECLARATION**

\_\_\_\_ I certify that the statements I made on this form are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or omissions may provide grounds for the removal as possible participants to this online distance learning (ODL).

\_\_\_\_ I understand that I am expected to:

- conduct myself at all times in a manner compatible with my status as an employee of the Department;
- study and accomplish the requirements of the training.

#### **Submitted by:**

Signature: \_\_\_\_\_

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

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

#### **Endorsed by (Supervisor/ Head of Office):**

Signature: \_\_\_\_\_

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

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