**NALAS Task Force on**

**ASSOCIATION DEVELOPMENT**



# SHADOWING REPORT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant Association | | | | | |
|  | | | | | |
| Association Name: |  | | | | |
| Participant Name: |  | |  | |  |
| Participant Job Title: |  | | Department: | |  |
| Contact Phone: |  | | Email: | |  |
| Date: |  | Shadowing period: | |  | |
| Report submitted by: |  |  | |  | |
|  | | | | | |
| Objectives | | | | | |
|  | | | | | |
| Model:  Model 1 – Learning good practices  Model 2 – Sharing knowledge and experience  Areas of exchange:   |  |  | | --- | --- | | Advocacy :  Policy development  Committee structure  Cooperation with the Government  Services :  Training  Legal Advice  Consultancy  Capacity building programs  E-government  Research  Networking | Association’s strengthening:  PR/communication **Project management**  Fundraising  Internal Management  IT  HR  International Cooperation  EU integration  Leadership  Strategic Planning  Financial Management  Income generation  Other: |   **Objectives of the Shadowing:**   |  | | --- | |  | |  | |  | |  | |  | | | | | | |

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| --- |
| Achievements |

**Detailed Agenda of the Shadowing:**

**Key results of the Shadowing (what has been achieved?):**

*Note: Please insert photos from the shadowing (if any)*

|  |
| --- |
| Follow up |

**How you are going to implement the knowledge gained in the next 6 months?**

**Any suggestions you would like to make to NALAS Shadowing Program?**

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| Financial Report/Request for reimbursement |

*Note: Please provide all the original invoices/receipts for the payments made:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Items** | **Unit** | **No of units** | **Cost per unit** | **Total costs** | **To be reimbursed by NALAS** | **LGAs contribution** |
| 1 | Accommodation |  |  |  |  |  |  |
| 2 | Per diem |  |  |  |  |  |  |
| 3 | Travel (using [www.viamichelin.com](http://www.viamichelin.com)) |  |  |  |  |  |  |
| **TOTAL** | | | | |  |  |  |

**BANK DETAILS:**

Bank Account holder:

Address:

ID or Business Number:

Fiscal number:

**BENEFICIARY’S BANK:**

Account Number:

Name of Bank:

Branch of bank:

Swift Code: