**IMPLEMENTING CIVIL SOCIETY ORGANIZATION (CSO)**

**PROFILE OF BOARD OF DIRECTORS/ TRUSTEES/ OFFICERS AND EMPLOYEES**

**(CSO DATA SHEET)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Organization)

1. **Profile of the Board of Trustees**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Name of BOT*** | ***Position/ Designation*** | ***Educational Attainment*** | ***Business/ Employment Address*** | ***Home Address*** | ***Contact Numbers*** | ***Email Address*** | ***Experience and/or training on SWD*** (Please specify) | | ***Government Valid ID*** (pls. indicate type of ID, ID number and date issued) | ***Nationality***  (if foreigner, pls. indicate the type of Visas Holder with number and date of issuances | ***Picture***  (taken within the last 3 months;  *Size: 2 X 2)* |
| Experiences | Training |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. **Profile of Employees:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employees** | **Position/**  **Designation**  *(If RSW, pls. attached copy of valid PRC ID)* | **Status of Employment** *(Regular, Casual, Contractual or Volunteer etc.)* | **Salary/ Hono-rarium**  (per month) | **Place of Assignment** *(Main Office or Satellite/ Branch Office location/ Center base Name and Address)* | **Educational Attainment** | **Home Address** | **Contact Numbers** | **Relevant Training and Experience**  *(Please specify)* | | **Government Valid ID**  (*pls. indicate type of ID, ID number and date issued. If RSW, pls. attached copy of valid PRC ID)* | **Nationality**  *(if foreigner, pls. indicate the type of Visas Holder and Alien Employment Permit numbers and date of issuances respectively)* | **Date of last Examination/ Evaluation** *Medical* |
| Training | Experiences |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Attested by: Certified true and correct:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature of Chairman of the Board) (Name and Signature of Head of the Organization)

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(Date) (Date)

Pls. use additional sheet, if necessary