



Asia Catalyst Regional Rights Training Program

Application Form

Organization Name:	
Application Date:	
Key Contact Person Name:	
Key Contact Person Telephone:	
Key Contact Person Email Address:	
Organization address:	
Organization's Website:	

Question 1: Please state your organization's mission and vision.

Question 2: Please describe your main program activities, and which goals you aim to achieve through these programs.

Question 3: Please describe your organization's structure, key staff members and their responsibilities and note the number of full time staff, part time staff and volunteers.

Question 4: Please list your main donors.

Question 5: Please provide contact information (email) for at least two people outside your organization that can provide a reference for your organization.

Question 6: Please provide your current strategic plan annual budget as attachments.

Question 7: Please describe an advocacy success your organization has achieved. How was your organization able to reach this success?

Question 8: Please describe any previous or ongoing work you have done to address access to quality healthcare services for your community. Please identify the challenges your community has encountered, and explain as much as possible the reasons for these challenges. You may include specific cases or examples.

Question 9: What have you already done to address these challenges?

Question 10: What do you think needs to happen to change the current situation and what role can your organization play?

Question 11: How did you learn about Asia Catalyst and this program?