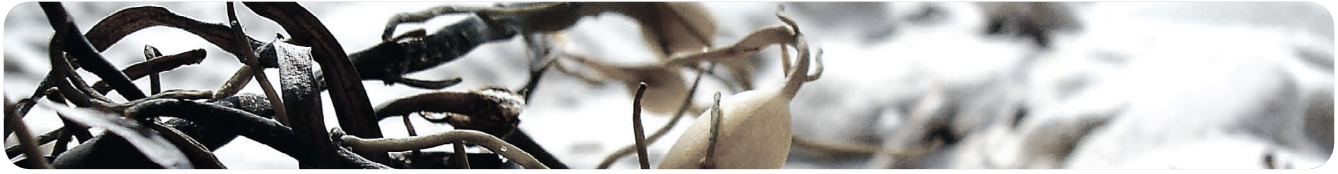


Confident Facilitation Skills - Tools



TPC 'Facilitation - Initial Meeting Form'

Leader's Name (who invited you to be the facilitator)		
Title		
Phone number		
Fax number		
email		
For background, please outline the problem		
What is your aim for the session?		
What is your objective?		
What are some key elements you would like covered as part of the session?		
Timing:	Date	
	Start Time	
	Finish Time	
Meeting Location (if known)		
For recurring meetings:	Meeting Frequency	
	Meeting Location	
	Meeting Day	
	Meeting Time	
Attendee List (Name)	Title	Reason for attending
1. Name		
2. Name		
3. Name		
4. Name		
5. Name		
6. Name		
7. Name		
8. Name		
9. Name		
10. Name		
11. Name		
12. Name		
Other people that may be part of the group		
13. Name		
14. Name		
15. Name		
16. Name		
17. Name		
Other key stakeholders		
1. Name		
2. Name		
3. Name		
4. Name		
5. Name		
Are there any special needs of the group?		
What are your specific needs on the day?		
Will this be a recurring meeting or once only?		
As the Facilitator, what else do I need to know?		