This questionnaire is for those associations who are unable to share their results through the Online form, as the questions below are already included in the Online Form questionnaire.

Please fill in the questions below and return to your main contact at WAGGGS.

|  |  |
| --- | --- |
|  | Name of Association |
|  |
|  | 1. Number of people who were involved in completing the assessment
 | Please tick ONE box |
| **1-3** |  |
| **4-6** |  |
| **7-9** |  |
| **10 or more** |  |
| 1. If more than 10 please specify how many
 |  |
|  | 1. How long did it take you to complete the assessment (no. of hrs)
 | Please tick ONE box |
| **1-3** |  |
| **4-6** |  |
| **7-9** |  |
| **10 or more** |  |
| 1. If more than 10 please specify how long
 |  |
| **4.** | In what language did you complete the assessment? | Please tick ONE box |
| **English**  |  |
| **Spanish** |  |
| **French** |  |
| **Arabic** |  |
| **5.** | How easy was it to collect the information required to complete the assessment? | Please tick ONE box |
| **Very Easy** |  |
| **Very Difficult** |  |
| **6.** | a. Were the descriptions under the indicators generally clear and easy to understand?  | Please tick ONE box |
| **Yes, they were clear and easy to understand** |  |
| **They were clear on the whole, but difficult to understand in places** |  |
| **They were unclear and difficult to understand in most instances** |  |
|  | b. If you felt the descriptions were unclear, please give examples |  |
| **7.** | Did you organise a specific session to completes the assessment? Y/N (Please give details on how this was carried out) | Please tick ONE box |
| **Yes**  |  |
| **No** |  |
| **8.** | Were you able to bring the experts on each section together for the assessment process?  | Please tick ONE box |
| **Yes**  |  |
| **No** |  |
| **9.** | Overall, did your MO have the required expertise available to complete the assessment?  | Please tick ONE box |
| **Yes**  |  |
| **No** |  |
| **10.** | How long did it take to put the team who completed the assessment together? |  |
| **11.** | How did you receive support or guidance from WAGGGS to complete this?  | Please tick ONE box |
| **Face to face** |  |
| **By email** |  |
| **By telephone** |  |
| **Other** |  |
| **12.** | a. Would your MO have been able to complete this assessment without WAGGGS support? | Please tick ONE box |
| **Yes**  |  |
| **No** |  |
| b. If no, please state the types of support you required.  |  |
| **13.** | a. Is ‘Self-Assessment’ a useful way to reflect on the capacity building needs of your MO?  | Please tick ONE box |
| **Useful** |  |
| **Not Useful** |  |
| b. If ‘not useful’, please comment on why this is.  |  |
| **14.** | Overall, how would you (or the team completing the assessment) rate the accessibility of the assessment tool? | Please tick ONE box |
| **Accessible** |  |
| **Not accessible** |  |
| **15.** | Did you learn anything new or interesting about your MO as part of the process? | Please tick ONE box |
| **Yes** |  |
| **No** |  |
| **16.** | Are you clearer on the capacity gaps in your organisation? | Please tick ONE box |
| **Yes**  |  |
| **No** |  |
| **17.** | Does this process overlap with other similar assessment processes in your MO? | Please tick ONE box |
| **Yes**  |  |
| **No** |  |
| **18.** | a. How often do you think that you should undertake a capacity assessment?  | Please tick ONE box |
| **Once per Triennium** |  |
| **Annually** |  |
| **Other** |  |
| b. If other please give details |  |
| **19.** | Which section(s) of the CAT have you completed? | Please tick ONE box |
| **Section 1 only**  |  |
| **Both Section 1 and 2** |  |
| **Section 2 only** |  |
| **20.**  | Date |  |