

hospital:.....

Docu Sheet Number:_____

Documenting facilitator (midwife, ward nurse, doctor, interpreter, ...)

Location of course (e.g. maternity ward)

Course details

	date and time (e.g. 12.05.2004, 16-18 h)	facilitator(s), (+ bilingual health support worker, interpreter..)	no. of participants	themes e.g. Breastfeeding, PPD..	methods e.g. storytelling, video show, bingo	comments from facilitator
1						
2						
3						
4						

hospital:.....

Docu Sheet Number: _____

Participants in course

	name	ethnicity	languages spoken	willing to participate in evaluation	contact info (tel-nr. and time of call)/ Eval-sheet given	attendance in course modules			
						1	2	3	4
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

**Working Tool / WT 4C
migrant-friendly hospitals**

hospital:.....

Docu Sheet Number: _____

	name	ethnicity	languages spoken	willing to participate in evaluation	contact info (tel-nr. and time of call)/ Eval-sheet given	attendance in course modules
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						