**Client testimonials**

**Facilitation, Training and OD related Writing services**

**Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This provider has shown interest to provide Facilitation, Training or/and OD related Writing services to UNAIDS. If they have also provided similar services to you in the last five years, please submit testimonials for any or all of the services by filling in the following sections. All information that you provide in this testimonial will only be for the purpose of this *Invitation to Bid* for establishing an LTA for the listed services and will not be used for any other purpose.

Please choose the service/s for which you are will be providing the testimonial/s:

Service A - **Facilitation of meetings and events**

Service B - **Training**

Service C – **OD related Writing services**

Select from the following list only those elements that you agree with. Please provide any additional comments in the space at the bottom of the list for service/s.

**Service A: Facilitation**

1. Did the provider deliver any of the following facilitation services over the last 5 years. If yes, please select the type of events that were facilitated:
   1. Strategic planning meetings (management level)
   2. Work planning retreats (team level)
   3. Team-building sessions: new teams, merging teams, executive teams, etc.
   4. Internal/external meetings with stakeholders /partners
2. Was the facilitation of the event/s successful based on participant feedback
3. Were you satisfied with your consultations with this provider on your requirements and did you find him/her responsive at every stage of the project.
4. Were you satisfied with the overall project management of the provider starting from analysis to implementation and reporting after the event.
5. Were you satisfied with the facilitation skills of the provider/s and his/her diverse and creative use of techniques to encourage group work for results while responding to group needs.

Would you recommend this provider to others for facilitating similar events

Please include here additional comments you may have about the provider:

**Service B: Training**

Did the provider deliver face-to-face workshops or conduct distance learning sessions with field offices through an appropriate on line medium (Webex, Skype, etc.) in your organization, within the last 5 years.

Was the overall training event a success based on participant feedback.

Were you satisfied with your consultations with this provider on your requirements and did you find him/her responsive at every stage of the project.

Were you satisfied with the overall project management of the provider starting from analysis to implementation and reporting after the event.

Were you satisfied with the overall design of the sessions, the session content and the quality of the presentations (slide presentations, videos and other visual aids, exercises, case studies, trainees manual, and work aids, etc.).

Were you satisfied with the training skills of the trainer and his/her diverse use of interactive techniques to address different learning styles.

Would you agree that the trainer is a subject matter expert, well informed of current concepts and training tools.

Would you recommend this provider to others for developing competency based training events.

Please include here additional comments you may have about the provider:

**Service C: OD related Writing services**

Was the writing service linked to your Organizational Development (OD) intervention. If so can you please state what the purpose was for this written piece:

Would you say that that the material met reader requirements.

Were you satisfied with your consultations with this provider and did you find them responsive at every stage of the project.

Were you satisfied with the overall project management by the provider including analysis of readership needs, establishing objectives, and the successful launch of the product.

Were you satisfied with the written or/and editing expertise of the provider; and would you say that the writing is always clear, concise, grammatically correct and uses creative instructional design techniques to increase learner impact.

Would you recommend this provider to others for similar work.

Please include here additional comments you may have about the provider:

Thank you for your testimonial. Please fill in your contact Information in the table below:

|  |  |
| --- | --- |
| **Company Name (client):** |  |
| **Contact Person:** |  |
| **Mailing Address:** |  |
| **Telephone No:** |  |
| **Fax No:** |  |
| **E-mail Address:** |  |

***Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***