



**FP WHOLE SITE HEALTH FACILITY ORIENTATION SCHEDULE**

Name of Health Facility: \_\_\_\_\_

Facility Code: \_\_\_\_\_

Geography: \_\_\_\_\_

Name of In-charge: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Name of training / CME coordinator: \_\_\_\_\_

Tel. No. \_\_\_\_\_

List of facility trainers and mentors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Orientation Schedule:

TOPIC	Date Planned	Session Facilitator	Venue	Comments / Updates
Topic 1				
Topic 2				
Topic 3				
Topic 4				
Topic 5				



## Tool: T-02A

TOPIC	Date Planned	Session Facilitator	Venue	Comments / Updates
Topic 6				
Topic 7				
Topic 8				
Topic 9				
Topic 10				
Topic 11				
Topic 12				
Topic 13				
Topic 14				



## Tool: T-02A

TOPIC	Date Planned	Session Facilitator	Venue	Comments / Updates
Topic 15				
Topic 16				
Topic 17				
Topic 18				
Topic 19				
Topic 20				
Topic 21				
Topic 22				
Topic 23				



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Topic 24				
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