
Registration Form

Good Practice Competition

Name of Organisation:
Name of Contact Person:
Role of Contact Person:
Organisation Address:
Tel. No.:
Email Address:
I acknowledge that I have read the terms and conditions and accept to be bound by them
Signature: _____ Date: _____

Please send your registration form together with the good practice filled in the template provided below:

by e-mail to equality@gov.mt

by fax to 2590 3851

or by hand to NCPE, Gattard House, National Road, Blata L-Bajda HMR 9010 **by the**

21st November 2008

Tel: 2590 3850

Website: www.equality.gov.mt



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Good Practice

Title of Good Practice	
Main Actors Involved	<<Who organized and carried out the good practice>>
Territory Coverage	<<Whether the good practice is implemented at a national, regional or local level>>
Sector	<<Which sector the Good Practice is being implemented in: SME in private sector, Large company in private sector, Public sector, Media & Advertising, Civil society & NGOs, Education, General public etc>>
Beneficiaries	<<The target group/s at which the good practice is aimed>>
Funding	<<How the good practice is being funded>>
Timeframe	<<Date the good practice commenced and ended (if it is no longer in practice)>>
Good Practice Principle	<<Theoretical and statistical description of the reasons for the need of the good practice principle>>
Description of Practice	<<Description of the practice's objectives, implementation etc>>
Outcomes/Results of Practice	<<Descriptive and quantitative results of the practice>>
Main Positive Elements	
Main Weaknesses/Obstacles	
Reproducibility	<<Describe what conditions are necessary for the practice to be reproduced>>
Sustainability	<<Whether, and using what measures, this practice is proving sustainable>>
Innovative Elements	
Additional Information	<<Media/public reaction to this practice, researcher's comments etc>>

