



**DENTAL THERAPISTS' REGISTRATION BOARD OF NIGERIA**

**TRAINING INSTITUTION AVAILABILITY MAPPING**

**Main Questionnaire**  
**For each Institution**

<b>A001.</b>	<b>Date of survey (dd/mm/yyyy)</b>	...../...../.....
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**Respondent**

<b>A002.</b>	<b>Respondent name (last, middle, first):</b>	
<b>A003.</b>	<b>Respondent position:</b>	
<b>A004</b>	<b>Respondent telephone (office)</b>	_____
<b>A005</b>	<b>Respondent telephone (mobile)</b>	_____
<b>A006</b>	<b>Respondent e-mail (if available)</b>	_____

**Section I: General Information**

<b>A101</b>	<b>Name of Institution (full name)</b>	
<b>A102a</b>	<b>Located in State name</b>	
<b>A102b</b>	<b>Located in LGA Name</b>	
<b>A103</b>	<b>Town/City</b>	
<b>A104</b>	<b>Institution telephone and fax numbers (including local telephone codes):</b>	<b>a) Telephone:</b> _____ <b>b) Fax:</b> _____ <b>c) e-mail</b> _____ <b>d) Institution web site:</b> _____
<b>A105</b>	<b>Year of establishment</b>	

Questionnaire identification number: <Country ISO-2 Code/ \_\_\_\_\_>

A106	Year of approval of the Institution (if applicable)	
A107	Ownership:	Please tick only one box below:
	Government	<input type="checkbox"/>
	Mixed Government/Private	<input type="checkbox"/>
	Faith based organization/NGOs	<input type="checkbox"/>
	Private for profit	<input type="checkbox"/>
A108	Category of degree/certificates awarded by the Institution	Please tick as many as applies
	a. Certificate	<input type="checkbox"/>
	b. Diploma	<input type="checkbox"/>
	c. Associate Degree/ post Basic	<input type="checkbox"/>
	d. Bachelor Degree	<input type="checkbox"/>
	e. Professional Degree	<input type="checkbox"/>
	f. Master Degree/other Post Graduate degrees	<input type="checkbox"/>
	g. Others specify:..... .....	
A109	Land size in hectare (optional)	
A110	Land size in meter square (optional)	
Geographic Coordinates (of the main gate of the Institution):		
A111	Latitude	
A112	Longitude	

**Section II: Teaching facilities**

		a) Number Available	b) Additional required
A201	Number of Assembly Halls/Auditorium		
A202	Number of Seminar/Class rooms/Lecture halls		

Questionnaire identification number: <Country ISO-2 Code/ \_\_\_\_\_>

A203	Number of medical laboratory/Practical rooms		
A204	Number of Demonstration rooms		
	<b>Functional IT Equipment for training:</b>	<b>a) Number Available</b>	<b>b) Additional required</b>
A206	1. Number of Computer laboratory		
A207	2. Number of functional computers in all labs		
A208	3. Number of video projectors (LCD)		
A209	4. Number of overhead projectors		
A210	5. Number of other IT learning materials (list): a. .... b. .... c. .... d. ....	a..... b..... c..... d.....	a..... b..... c..... d.....
A211	Availability of Library	(YES) or (NO)	
A212	Is the library accessible online?	(YES) or (NO)	
A213	Do students have access to Internet?	(YES) or (NO)	
A214	If YES, what is the connection speed?		
A215	Does this Institution have a video-conference room for e-learning	(YES) or (NO)	
A216	Does this Institution have a maintenance unit for equipment or an external maintenance service?	(YES) or (NO)	

**Section III: Trainers by category**

	<b>Category</b>	<b>No. at post (Full-time trainers)</b>	<b>No. of vacant posts (full time)</b>	<b>No. of Part-time trainers (including visiting trainers)</b>	<b>No. due for retirement in next 2 years</b>
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>
A301	<b>Health Tutors/Instructors</b>				
A302	<b>Other Tutors/Instructor</b>				
A303	<b>Professors</b>				
A304	<b>Associate Professors/Rectors</b>				
A305	<b>Senior Lecture</b>				
A306	<b>Lecturers</b>				
A307	<b>Assistant Lecturer/Graduate Assistant</b>				

**Section IV: List of Training Programmes**

Add extra sheets if more than 10 training programmes

<b>Name of programme</b>	<b>Type of programme</b>
A401	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A402	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A403	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A404	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A405	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>

Questionnaire identification number: <Country ISO-2 Code/ \_\_\_\_\_ >

A406	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A407	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A408	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A409	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>
A410	Initial programme <input type="checkbox"/> / Specialization <input type="checkbox"/>

**Section V: List of Short Courses or In-service training**

Add extra sheets if more than 5 short courses

	Training programme	Periodicity	Duration (in number of weeks)
A501			
A502			
A503			
A504			
A505			

**Section VI: Support facilities**

		<i>Number</i>	<i>Additional required</i>
A601	Accommodation facilities for staff (number of houses)		
A602	Accommodation facilities for student (number of beds)		
		<i>Number of vehicles</i>	<i>Additional vehicles required</i>
A603	Transport facilities for administrative assignment		
A604	Transport facilities for field work		

Questionnaire identification number: <Country ISO-2 Code/ \_\_\_\_\_ >

<b>A605</b>	<b>Availability of Restaurant in the premises of the Institution</b>		<b>(YES) or (NO)</b>
<b>A606</b>	<b>Availability of Electricity</b>		<b>(YES) or (NO)</b>
	<b>a. If YES, Specify</b>	<b>Government Power</b> <b>Alternative – Solar</b> <b>Alternative – Generator</b>  <b>Other alternative</b> <b>Specify. . .</b>	<b>Tick all that apply</b> <b>1. <input type="checkbox"/></b> <b>2. <input type="checkbox"/></b> <b>3. <input type="checkbox"/></b>  .....

<b>A607</b>	<b>Availability of Water</b>		<b>(YES) or (NO)</b>
	<b>a. If YES, source of water supply</b>		<b>Tick all that apply</b>
		<b>Running Tap/Pipe borne</b> <b>Water Well (Hand Pump)</b> <b>Others</b>	<b>a. <input type="checkbox"/></b> <b>b. <input type="checkbox"/></b> <b>c. <input type="checkbox"/></b>

<b>A608</b>	<b>a. Waste disposal</b>		<b>(YES) or (NO)</b>
	<b>b. If YES, methods of waste disposal</b>		<b>Tick all that apply</b>
		<b>Drainage</b> <b>Incinerator</b> <b>Waste disposal bin (with lid)</b> <b>Waste disposal bin (without lid)</b> <b>Burning pit</b> <b>Others</b>	<b>a. <input type="checkbox"/></b> <b>b. <input type="checkbox"/></b> <b>c. <input type="checkbox"/></b> <b>d. <input type="checkbox"/></b> <b>e. <input type="checkbox"/></b> <b>f. <input type="checkbox"/></b>

**A701: General Comments from Head of Institution/Respondent:**

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**A702: Interviewer Name:**

**Signature**

**End of main questionnaire**