

Australia Awards and Alumni Engagement Program – Philippines (AAAEP-P)
Re-entry Action Plan 5th Monthly Report

Background

This form aims to document your REAP accomplishments after five months of implementation. We are interested in gathering information about the results of your REAP and lessons in implementing it particularly the competencies that have been improved. Please answer all items as fully as possible. Thank you.

A. Basic Information				
Name of Participant/Awardee	Populated from REAP Template			
Name of Organisation	Populated from REAP Template			
Training Program Title (for Short Courses)	Populated from REAP Template			
Type of REAP	Populated from REAP Template			
REAP Title	Populated from REAP Template			
REAP Objective	Populated from REAP Template			
Start Date	Populated from REAP Template			
End Date	Populated from REAP Template			
Expected Outputs	Populated from REAP Template			
Has sufficient resources (e.g., budget, authority, time, personnel) been provided by your work unit or organisation for REAP implementation?		Yes	No	NA
	Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of this Progress/ Completion Report	____/____/____			
Has your REAP been changed since it was first approved? If yes, Please specify reason for revision.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Reason/s for revision: (e.g., change in REAP Title, Objectives, Expected Outputs, Start Date and End Date)			
	New REAP Title: _____			
	Objectives: _____			
	Expected Outputs: _____			
	Start Date: ____/____/____ End Date: ____/____/____			

B. Results Achieved**1. Which of the following outputs were produced by your REAP?****List of Outputs** (Populated from REAP Template)

	Yes	No	NA
Output A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Outputs (please specify, if any)**2. Please list and describe the outcomes that have been achieved vis-à-vis the objectives of the REAP.****Outcome 1** _____**Description** _____**Outcome 2** _____**Description** _____**Outcome 3** _____**Description** _____**3. Please list and describe any unintended/ unplanned outcomes that happened as result of REAP implementation and completion, if any.****4. Has the implementation of your REAP improved your competency?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Related to this, please rate your current level of competency against the list of competencies below using the following 4-point scale

Basic

Intermediate

Advanced

Superior

Competency 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Apart from REAP implementation, please list activities/initiatives/projects in which you were able to use the knowledge and skills you gained from Australia Awards education or training?				

Check all the factors that helped or hindered you in your REAP Implementation	Facilitating	Hindering
a. Support from Learning Service Provider (e.g., guidance/coaching on REAP implementation)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped or hindered you carry out your REAP?		
Actions taken to address any hindrances.		
b. Organisation's readiness for change (awareness, desire and knowledge of people in the organisation about the change, absorptive capacity for the change, reinforcement of changes or improvements)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped or hindered you carry out your REAP?		
Actions taken to address any hindrances		
c. Executive sponsorship (presence of a champion, support of supervisor/director)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped/hindered you carry out your REAP?		
Actions taken to address any hindrances		

d. Support of Co-workers/ teammates (<i>involvement/ contribution of co-workers in the implementation of the REAP</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped/hindered you carry out your REAP?		
Actions taken to address any hindrances		
e. REAP's alignment with the organisation's/unit's objectives (<i>REAP included in unit/organisation work plan, budget, and Office Performance Commitment Review (OPCR)</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped/hindered you carry out your REAP?		
Actions taken to address any hindrances		
f. Complementation with REAPs and/or outputs and outcomes from other AAAEP Program Assistance, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped/hindered you carry out your REAP?		
Actions taken to address any hindrances		
g. Resources provided (<i>adequacy of budget, people, time</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped/hindered you carry out your REAP?		
Actions taken to address any hindrances		
h. Competencies to implement the REAP (<i>Training/short course adequately equipped learners to implement the change</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped/hindered you carry out your REAP?		
Actions taken to address any hindrances		
i. External support (<i>other donors, community support, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain how this has helped/hindered you carry out your REAP?		

Actions taken to address any hindrances

j. Support provided by AAAEP

☐
☐

Please explain how the factor has helped/hindered you carry out your REAP?

Actions taken to address any hindrances

k. Others (please specify) _____

☐
☐

Please explain how this has helped/hindered you carry out your REAP?

Actions taken to address any hindrances

D. Lessons Learned

What do you consider as significant lessons in implementing change in your organization (approaches that worked/did not work)? If you were to develop and implement a REAP again, would you do it differently? Please explain.

Submitted by:

Noted by:

Name of REAP Group Member1

Name and Signature of Supervisor/Director

Name of REAP Group Member2

Name of REAP Group Member3

Discussed with coach/mentor from the LSP:

Name and signature
Date