



Kingdom of Saudi Arabia  
King Saud Bin Abdulaziz University for Health Sciences  
College of Nursing, Jeddah  
Community Service



**Registration form: Community Service Activities**

Ref: CSA/TEMP/001/2015

<b>Title of Activity:</b>
<b>Date of the Activity:</b>
<b>Duration of the Activity:</b>
<b>Invitation organisation: (Attach)</b>
<b>Target Group:</b>
<b>CON-J Participants:</b>
<b>Goal(s) and/or Intended Outcome(s):</b> Goals: 1: 2:  Intended outcomes: 1: 2:
<b>**Key Performance Indicator (s):</b> Mean satisfaction score
<b>Brief Description of the planned activity:</b>
<b>Resources:</b>  <i>Financial:</i>  <i>Human:</i>  <i>Material:</i>

\*\* Attach evaluation form



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**Submitted by:**

Name and Title:

Signature:

Date Submitted:

**Approval by the Dean:** (Attach memo / email for pre-approved activities)

Name:

Signature:

Date:

**Standard 11 Task Group Acknowledgment:**

Name:

Signature:

Date:

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For use by CSTF-S11:

Approved

Not-Approved

Activity number: CSA/\_\_\_/20\_\_