



## Training Course Information Form

### Course Information

<b>Course Name:</b>	<b>Effective Communication Skills</b>		
<b>Institute/Centre:</b>	Port Training Institute	<b>Course Code:</b>	M18
<b>Type:</b>	<input checked="" type="checkbox"/> Program <input type="checkbox"/> Course	<input type="checkbox"/> Workshop	
<b>Course Duration:</b>	<input type="checkbox"/> 5 Days <input checked="" type="checkbox"/> 3 Days	<input type="checkbox"/> 1 Days	<input type="checkbox"/> Other
<b>Course Conducted:</b>	<input checked="" type="checkbox"/> Local <input type="checkbox"/> International	Indicate: A.R.E	
<b>Course Venue:</b>	Anywhere		
<b>Course Language:</b>	<input type="checkbox"/> English <input type="checkbox"/> Arabic	<input checked="" type="checkbox"/> Both	<input type="checkbox"/> Other

### Course Description

#### Course Outlines:

1. Concept and the principles and elements of the communication process.
2. Various communication styles and how to use their respective depends on the situation.
3. Dealing with different types of people and the obstacles communication.

#### Course Objectives:

- Developing the skills of participants and increase their abilities to achieve the effectiveness of the Effective communication skills

<b>Course Includes:</b>	<input checked="" type="checkbox"/> Theoretical <input type="checkbox"/> Fire Training Module <input type="checkbox"/> Laboratory
	<input type="checkbox"/> Workshop <input type="checkbox"/> Site Visit

**Course Prerequisites:** Not Required

**Who Should Attend:** Specialists and heads of departments and department managers and general managers in different organizations

<b>No. of Participants/Course:</b>	<input checked="" type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> Other
------------------------------------	---

#### Qualifications of Participants:

- Collage Certificates

<b>No. of Lecturer:</b>	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5
-------------------------	---

<b>No. of Assistance:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---------------------------	--

### *Course Facilities*

White Board     V. Projector     Data Show     PC     Manual  
 Books     Handouts     Flip Charts     S/W     Other

### *Course Evaluation*

Written Examination     Written Report(s)     Oral Presentation     Attendance  
 Delegates Participation

#### **Certificate Issue:**

Local Premises     AASTMT     International

### *Course Registration*

Admission and Registration

Department at the Port

#### **Registration:**

Training Institute

Online

Other

Beside Gate No. 27 - Outside

Customs Area, Alexandria Port

#### **Documents Required:**

Registration Form

ID/Passport Copy

Photo