**Government of Trinidad and Tobago**

**NATIONAL AIDS CO-ORDINATING UNIT SECRETARIAT**

**FEEDBACK FORM FOR COMMENTS ON THE DRAFT NATIONAL HIV AND AIDS POLICY/GREEN PAPER**

**Name of NGO/Ministry/Department/ Organization**: -----------------------------------------------------------------------------------------------------------

**Contact Person:-----------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Email of Contact Person:------------------------------------------------------------------------------------------------------------------------------------------------------**

**Telephone of Contact Person:-----------------------------------------------------------------------------------------------------------------------------------------------**

| **SECTION** | **PAGE NUMBER** | **COMMENTS** | **RECOMMENDATIONS** | **RATIONALE/JUSTIFICATION FOR AMENDMENTS** |
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| *Example:*  Section 2.0-Scope of the Policy | *Example:*  Page # 5 | *Insert Relevant Comments* | *Insert Relevant Recommendations*  *(if any)* |  |
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