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| **[Project code]** | [DD/MM/YYYY – DD/MM/YYYY] |
|  |
|  SENDING ORGANISATION |  COUNTRY AND CITY  |
| Replace with text | Replace with text |
|  HOST ORGANISATION |  COUNTRY AND CITY |
| Replace with text | Replace with text |
|  PARTICIPANTS’ PROFILE |
| Briefly describe the profile of the participants in the group activity: the education programmes they are attending at their home institution; their age groups; main learning needs; language competences, etc. |
|  FIELD |  MODE |  |
| Choose an item. | Choose an item. |  |

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| Accompanying persons and contacts |
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|  ACCOMPANYING PERSONS |
|  ACCOMPANYING PERSON 1 |  JOB TITLE |  EMAIL AND PHONE NUMBER |
| Replace with text | Replace with text | Replace with text |
|  ACCOMPANYING PERSON 2 |  JOB TITLE |  EMAIL AND PHONE NUMBER |
| Remove if not relevant; copy if there are more accompanying persons | Replace with text | Replace with text |
|  ACCOMPANYING PERSON 3 |  JOB TITLE |  EMAIL AND PHONE NUMBER |
| Remove if not relevant; copy if there are more accompanying persons | Replace with text | Replace with text |

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|  OTHER CONTACT PERSONS AT THE SENDING ORGANISATION |
|  CONTACT 1 |  JOB TITLE |  EMAIL AND PHONE NUMBER |
| Replace with text | Replace with text | Replace with text |
|  CONTACT 2 |  JOB TITLE |  EMAIL AND PHONE NUMBER |
| Replace with text | Replace with text | Replace with text |
|   |
|  CONTACT PERSONS AT THE HOST ORGANISATION |
|  CONTACT 1 |  JOB TITLE |  EMAIL AND PHONE NUMBER |
| Replace with text | Replace with text | Replace with text |
|  CONTACT 2 |  JOB TITLE |  EMAIL AND PHONE NUMBER |
| Replace with text | Replace with text | Replace with text |

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| Timetable |
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| TIMING | SESSION / ACTIVITY |
| [e.g. Day 1 – 9:00] | [e.g. ‘Introduction’] |
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| Description of activities and learning outcomes |
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|  ACTIVITY 1: [Title] |
| [Describe the learning methods and approaches that will be applied and the tasks that participants will complete.] |
| [Describe the planned learning outcomes: what will the participants learn during this activity in terms of new or improved knowledge, skills and competences.] |
|  ACTIVITY 2: [Title] |
| [Describe the learning methods and approaches that will be applied and the tasks that participants will complete.] |
| [Describe the planned learning outcomes: what will the participants learn during this activity in terms of new or improved knowledge, skills and competences.] |
|  ACTIVITY 3: [Title] |
| [Describe the learning methods and approaches that will be applied and the tasks that participants will complete.] |
| [Describe the planned learning outcomes: what will the participants learn during this activity in terms of new or improved knowledge, skills and competences.] |

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| Participant list |
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| # | FIRST AND LAST NAME(S) | ORGANISATION |
| 1 | [include participants from the host and sending organisation; add lines as needed] |  |
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| The signatories confirm that the information in this document is correct and complete. |
|  FOR THE SENDING ORGANISATION |  DATE |  SIGNATURE |
| Full name and position of the responsible person |

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|  FOR THE HOST ORGANISATION |  DATE |  SIGNATURE |
| Full name and position of the responsible person |

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