|  |  |  |  |
| --- | --- | --- | --- |
| **[Title]** | | [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 | | |
|  | | |
| 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 |

|  |  |  |
| --- | --- | --- |
| 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 |
|  |
| |  |  | | --- | --- | | TIMING | SESSION / ACTIVITY | | [e.g. Day 1 – 9:00] | [e.g. ‘Introduction’] | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| --- | --- |
| Description of activities and learning outcomes | |
|  | |
| 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 |
|  |
| |  |  |  | | --- | --- | --- | | # | FIRST AND LAST NAME(S) | ORGANISATION | | 1 | [include participants from the host and sending organisation; add lines as needed] |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  | | 6 |  |  | | 7 |  |  | | 8 |  |  | | 9 |  |  | | 10 |  |  | |

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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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