

[Title]

[DD/MM/YYYY – DD/MM/YYYY]

SENDING ORGANISATION

Replace with text

COUNTRY AND CITY

Replace with text

HOST ORGANISATION

Replace with text

COUNTRY AND CITY

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

Choose an item.

MODE

Choose an item.

Accompanying persons and contacts

ACCOMPANYING PERSONS

ACCOMPANYING PERSON 1

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

ACCOMPANYING PERSON 2

Remove if not relevant; copy if there are more accompanying persons

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

ACCOMPANYING PERSON 3

Remove if not relevant; copy if there are more accompanying persons

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

OTHER CONTACT PERSONS AT THE SENDING ORGANISATION

CONTACT 1

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

CONTACT 2

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

CONTACT PERSONS AT THE HOST ORGANISATION

CONTACT 1

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

CONTACT 2

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

Timetable

TIMING	SESSION / ACTIVITY
[e.g. Day 1 – 9:00]	[e.g. 'Introduction']

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.]

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		

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

____|____|____|

Empty signature box

FOR THE HOST ORGANISATION

DATE

SIGNATURE

Full name and position of the responsible
person

____|____|____|

Empty signature box