

# Europass Mobility [Europass Mobility Number] Learning programme

[Title]

[DD/MM/YYYY - DD/MM/YYYY]

Replace with text

Replace with text

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.

## 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

Replace with text

Replace with text

more accompanying persons

ACCOMPANYING PERSON 3 JOB TITLE EMAIL AND PHONE NUMBER

Remove if not relevant; copy if there are

Replace with text

Replace with text

more accompanying persons

## 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

#### CONTACT PERSONS AT THE HOST ORGANISATION

CONTACT 1 JOB TITLE EMAIL AND PHONE NUMBER

Replace with text Replace with text

CONTACT 2 JOB TITLE EMAIL AND PHONE NUMBER

Replace with text Replace with text 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

I [include participants from the host and sending organisation; add lines as needed]

2
3
4
5
6
7
8
9
10

1	Oarn	ID A	nroc	vro m	ma
1	Learn	II IU	טוטנ	лан	



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