**Please fill the table according to your expectations and request.**

|  |
| --- |
| **TRAINING DETAILS** |
| **Date of Request** |  |
| **Name of the Institution** |  |
| **Subject of the Requested Training** |  |
| **Specific topics requested to be covered:** |  |
| **Methodology preferred (training, seminar, workshop etc.):** |  |
| **Participant profiles (e.g. position in the institution/relation with subject of training):** |  |
| **Number of participants:** |  |
| **Duration:** |  |
| **Location:** |  |
| **If the training is requested to be performed in the premises of institution, please list the equipment, materials to be provided by the institution (e.g. laptop, projector, board, internet connection).** |  |
| **Requested date of training – please indicate at least 2 options:** | 1) 2)  |
| **If there is a specific need behind the request of training please specify** |  |
| **What is expected from participants after this training?** |  |
| **Are there any documents, manuals etc. to be used on the subject of the training? Can you share, if any?** |  |
| **Did you receive any training etc. on the same subject before? If so, please mention the level of knowledge gained via previous training(s).** |  |
| **Any additional comments:** |  |
| **CONTACT INFORMATION** |
| **Contact point name:** |  |
| **Contact point title / position:** |  |
| **Contact person’s e-mail address:** |  |
| **Contact person’s telephone:** |  |