# Work programme for VETPRO

**I. DETAILS ON THE PARTICIPANT**

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| Name of the participant:      Field of vocational education:       Sending institution (name, address): Friesland College ,  P.o.Box 45, 8900 AA LeeuwardenContact person (name, function, e-mail, tel): M.C.Bartmann, Coordinator International Affairs m.c.bartmann@fcroc.nl ; 00 31 6 51388912   |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

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| Receiving organisation (name address):        …..Contact Person (name, function, e-mail, tel):       …. …..  |
| Planned dates of start and end of the mobility period:        |
| Detailed programme of the training period: See attachment  |
| **Objectives and foreseen outcomes of the training**  |
|  **Use of outcomes and evaluation**  |

**Bijlage III. COMMITMENT OF THE PARTIES INVOLVED**

 **By signing this document, the participant, the sending institution and the receiving organisation confirm that they will implement the work-programme as described above.**

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| **THE PARTICIPANT** Participant’s signature........................................................................... Date: …………………………………………. |
| **THE SENDING INSTITUTION****We confirm to implement the proposed work programme.** Coordinator’s signature............................................................................. | Date: ................................................................... |
| **THE RECEIVING ORGANISATION**We confirm to implement the proposed work programme. |
| Coordinator’s signature.............................................................................. | Date: ................................................................... |