# Work programme for VETPRO

**I. DETAILS ON THE PARTICIPANT**

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

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

|  |
| --- |
| 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.**

|  |  |  |
| --- | --- | --- |
| **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: ................................................................... |