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| **Beneficiary Institution** | Please write your institution’s name. |
| **Training Workshop Provider** | To be determined |
| **Training** **Workshop Theme** | Please write the training workshop theme. |
| **Training Workshop Venue** | To be determined. (City, Country) |
| **Proposed Start Date for Training** **Workshop** | To be determined. |
| **Duration** | *2 or 3 days* |
| **Background** | |
| Please use this field to give a background on the reasons why your institution is in need of the training workshop theme stated above. You can use as much as space needed. | |
| **Specific Objectives** | |
| Please use this field to provide a clear, concise statement of the specific objectives of the expected training workshop programme. You can use as much as space needed. | |
| **Expected Training Workshop Coverage** | |
| Please use this field to state what kind of topics your institution expects to be covered during the training workshop. A brief description of the profile of the trainer can also be mentioned here. You can use as much as space needed. | |
| **Expected Training Workshop Outputs** | |
| Please use this field to define the outputs expected from the training workshop and the trainer. You can use as much as space needed. | |
| **Number of Participants** | |
| *1 or 2 participants from each country* | |
| **Profile of the Participants** | |
| Please describe the profile of the participants (Position, Level of Education and Working area). | |

**Note: The yellow shaded text can be erased after the completion of required fields.**