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| --- | --- | --- |
| **Beneficiary Institution** | Please write your institution’s name. | |
| **Contact Information** | *Please write the contact details of responsible person* who will be assigned from your institution to follow-up this study visit. | |
| Name |  |
| Email Address |  |
| Telephone Number |  |
| Mobile Number |  |
| **Study Visit Provider** | To be determined | |
| **Study Visit Theme** | Please write the study visit theme. | |
| **Study Visit Venue** | To be determined*.* (City, Country) | |
| **Proposed Start Date for Study Visit** | Please give at least two alternative start-end dates which are convenient for your organisation to have the study visit. | |
| **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 study visit 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 your institution for which the study visit is expected to be instrumental in achieving them. You can use as much as space needed. | | |
| **Expected Study Visit Coverage** | | |
| Please use this field to state what kind of topics your institution expects to be covered during the study visit. You can use as much as space needed. | | |
| **Expected Study Visit Outputs** | | |
| Please use this field to define the outputs expected from the study visit. You can use as much as space needed. | | |
| **Number of Participants** | | |
| Please write the number of participants who will participate in the Study Visit (*maximum 4 participants*). | | |
| **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.**