**Thematic Seminar – Mythbusting European Project**

**Management for Strategic Partnerships Projects**

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| **PART 1: YOUR DETAILS**  |
| **First name:** |  |
| **Family name:** |  |
| **Email:** |  |
| **Mobile phone:** |  |

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| **PART 2: YOUR ERASMUS+ PROJECT** |
| **Erasmus+ Project Number:** |  |
| **Please give a short description of your project** |  |

**Please select one of the following:**

**I am a newcomer to Strategic Partnerships projects** [ ]

**I am an experienced coordinator of Strategic Partnerships Projects** [ ]

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| **PART 3: EXPERIENCE AND RELEVANCE** |
| **If you are a newcomer to Strategic Partnerships projects please outline here what you hope to learn from the seminar and how you plan to use the tools and methodologies within your project.** |  |
| **If you are an experienced project coordinator please tick here which tools or methodologies you have expertise in and are willing to share in the workshops****Please provide specific details of these tools and how you can contribute to the workshops.** | **Project Management processes/tools** [ ] **Quality Management processes/tools** [ ] **Partner communication processes/tools** [ ] **Transnational Cooperation Methodologies** [ ] **Other** [ ] **Further Details:** |

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| **Date:**  |  |
| **Signature:**  |  |

**Application deadline: 30th November 2018 Please return this application form to your National Agency**