**Training Proposal**

**Part I – Project Team**

|  |  |  |
| --- | --- | --- |
| Team Lead | First Name |  |
| Last Name |  |
| Gender |  |
| Date of Birth |  |
| Country of Residence |  |
| Home Institution |  |
| Department |  |
| Function |  |
| Email Address |  |
| ProGRANT Course attended |  |
| ProGRANT Trainer Workshop attended |  |
| Experience in holding workshops and trainings: |  |

|  |  |  |
| --- | --- | --- |
| Second Team Member | First Name |  |
| Last Name |  |
| Gender |  |
| Date of Birth |  |
| Country of Residence |  |
| Home Institution |  |
| Department |  |
| Function |  |
| Email Address |  |
| DIES Alumnus |  |
| If yes, please specify which DIES Course you attended. Please also indicate the country and year. |  |
| * ProGRANT
 |  |
| * International Deans’ Course (IDC)-SEA/Africa
 |  |
| * International Deans’ Course (IDC)-Latin America
 |  |
| * Management of Internationalisation (MoI)
 |  |
| * UNILEAD
 |  |
| * ASEAN-QA
 |  |
| * TrainIQA Africa
 |  |
| * Others
 |  |
| Experience in holding workshops and trainings: |  |
| Your English language skills: Indicate your competency on a scale of 1 to 5 (1=basic; 5=excellent) | WritingSpeaking |

|  |  |  |
| --- | --- | --- |
| Third Team Member | First Name |  |
| Last Name |  |
| Gender |  |
| Date of Birth |  |
| Country of Residence |  |
| Home Institution |  |
| Department |  |
| Function |  |
| Email Address |  |
| DIES Alumnus |  |
| If yes, please specify which DIES Course you attended. Please also indicate the country and year. |  |
| * ProGRANT
 |  |
| * International Deans’ Course (IDC)-SEA/Africa
 |  |
| * International Deans’ Course (IDC)-Latin America
 |  |
| * Management of Internationalisation (MoI)
 |  |
| * UNILEAD
 |  |
| * ASEAN-QA
 |  |
| * TrainIQA Africa
 |  |
| * Others
 |  |
| Experience in holding workshops and trainings: |  |
| Your English language skills: Indicate your competency on a scale of 1 to 5 (1=basic; 5=excellent) | WritingSpeaking |

|  |  |  |
| --- | --- | --- |
| Fourth Team Member | First Name |  |
| Last Name |  |
| Gender |  |
| Date of Birth |  |
| Country of Residence |  |
| Home Institution |  |
| Department |  |
| Function |  |
| Email Address |  |
| DIES Alumnus |  |
| If yes, please specify which DIES Course you attended. Please also indicate the country and year. |  |
| * ProGRANT
 |  |
| * International Deans’ Course (IDC)-SEA/Africa
 |  |
| * International Deans’ Course (IDC)-Latin America
 |  |
| * Management of Internationalisation (MoI)
 |  |
| * UNILEAD
 |  |
| * ASEAN-QA
 |  |
| * TrainIQA Africa
 |  |
| * Others
 |  |
| Experience in holding workshops and trainings: |  |
| Your English language skills: Indicate your competency on a scale of 1 to 5 (1=basic; 5=excellent) | WritingSpeaking |

|  |  |  |
| --- | --- | --- |
| Fifth Team Member | First Name |  |
| Last Name |  |
| Gender |  |
| Date of Birth |  |
| Country of Residence |  |
| Home Institution |  |
| Department |  |
| Function |  |
| Email Address |  |
| DIES Alumnus |  |
| If yes, please specify which DIES Course you attended. Please also indicate the country and year. |  |
| * ProGRANT
 |  |
| * International Deans’ Course (IDC)-SEA/Africa
 |  |
| * International Deans’ Course (IDC)-Latin America
 |  |
| * Management of Internationalisation (MoI)
 |  |
| * UNILEAD
 |  |
| * ASEAN-QA
 |  |
| * TrainIQA Africa
 |  |
| * Others
 |  |
| Experience in holding workshops and trainings: |  |
| Your English language skills: Indicate your competency on a scale of 1 to 5 (1=basic; 5=excellent) | WritingSpeaking |

|  |
| --- |
| How did the project team form and why? How did the team members know each other? |
|  |

**Part II – Training Proposal**

|  |  |
| --- | --- |
| Title of the Training |  |
| Goals and Objectives |  |
| Expected Learning Outcomes |  |
| Target Group (potential participants of the training; please be as specific as possible including a list of institutions, should it be for specific institutions only) |  |
| What is your motivation for offering the proposed training? |
|  |
| What is the concept of the training?Please describe the topic of the training and the main didactical approach. |
|  |
| How do you plan on informing your target group about the training?Please describe the means of dissemination of your training to the target group. |
|  |
| How does your target group apply for this training activity?Please describe the planned application procedure. |
|  |
| How do you plan on selecting the participants? Please describe the selection criteria in detail. Should you not select the participants on a competitive basis, please describe the procedure you plan to implement. Please note that each training activity should include at least 20 participants. |
|  |
| How do you plan on evaluating your training activity? |
|  |
| What is your sustainable development strategy regarding the training? Are there future plans to implement trainings without the ProGRANT Multiplication Training financial support? |
|  |
| If you would like to include any additional information, please use the space below. |
|  |

**Part III – Training Implementation**

|  |  |
| --- | --- |
| Country of Implementation |  |
| Language of Instruction |  |
| Proposed Dates for Training Activities | Preferred Dates: Live Seminar I (virtual or on-site) |  |
| Preferred Dates: E-Learning |  |
| Preferred Dates: Live Seminar I (virtual or on-site) |  |
| Regional Experts |
| Please contact the experts beforehand and make sure that they are available on your proposed workshop dates. |
| Regional Expert I | First Name |  |
| Last Name |  |
| Gender |  |
| Home Institution |  |
| Department |  |
| Function |  |
| Email Address |  |
| Regional Expert II | First Name |  |
| Last Name |  |
| Gender |  |
| Home Institution |  |
| Department |  |
| Function |  |
| Email Address |  |
| Please specify the reasons for choosing the experts. |
|  |
| If you are planning to use resources of your institution, please specify. |
|  |
| If you are planning to collaborate with other external partners/organizations, please specify. |
|  |

