**Notes on the Preparatory Visit**

Please use this template to briefly outline the agenda for the preparatory visit and the content it aims to cover.

A preparatory visit must always be linked to a follow- up activity (e.g. group mobility, job shadowing, etc.) and should not be carried out in isolation.

Alternatively, due to the better funding, it is possible to carry out profitable job shadowing at the facility instead. The minimum duration on site is two days in both cases.

**Please delete these first notes after adjusting the content – thank you!**

**Preparatory Visit**

**agenda**

# Information about the participants

|  |  |
| --- | --- |
| Education sector: | school education |
| Activity type: | preparatory visit |
| Mode: | Physically |
| Start date: | [DD/MM/YYYY] |
| End date: | [DD/MM/YYYY] |

## Information about the participants

|  |  |
| --- | --- |
| First and Last Name: |  |
| Address: | [Full address, including country, zip code and city] |
| E-mail address: |  |
| Telephone number(s): |  |
|  |  |
| First and Last Name: |  |
| Address: | [Full address, including country, zip code and city] |
| E-mail address: |  |
| Telephone number(s): |  |
|  |  |
| First and Last Name: |  |
| Address: | [Full address, including country, zip code and city] |
| E-mail address: |  |
| Telephone number(s): |  |

## receiving institution

|  |  |
| --- | --- |
| Name of the institution: | [Full legal name of the receiving institution] |
| Address: | [Full address, including country, zip code and city] |
| Name of the caring person | [First name, last nameFull address, including country, postal code and city] |

# schedule

[Present the full schedule of activities the invitee has undertaken at the host institution. The table format below is just a simple example that can be adapted to the program undertaken.]

|  |  |
| --- | --- |
| **Time** | **activity/session** |
| [e.g. Day 1 – 9:00] | [e.g. 'Introduction'] |
|  |  |
|  |  |
|  |  |
|  |  |

# signatures

The undersigned confirm that the activity and content as described in this document was carried out during the Preparatory Visit.

|  |  |  |
| --- | --- | --- |
| **Signatures Participants** |  | **For the receiving institution** |
| First and last name of person 1: |  |  | First and Last Name: |  |
| First and last name of person 2: |  |  | Position: |  |
| First and last name of person 3: |  |  | Place and date: |  |
| Place and date: |  |  | Signature: |  |
| Signature Person 1: |  |  |  |  |
| Signature Person 2: |  |  |  |  |
| Signature Person 3: |  |  |  |  |

*Please be sure to enter the location and date!*

***Please either print out the entire document, sign it and scan it in, or sign it digitally as a PDF. Please do not send a mixed version of scan/PDF, as this will not be accepted. Thank you!***