



SHADOWING REQUEST FORM

APPLICANT ASSOCIATION

Association Name: _____

Participant Name: _____

Participant Job Title: _____ Department: _____

Contact Phone: _____ Email: _____

Date: _____ Preferred Visit Period: _____ **to** _____

❖ Please attach the participant's CV with this form

REQUEST INFORMATION

Requested Model: Model 1 – Learning good practices Model 2 – Sharing knowledge and experience

Area of Interest:

Advocacy :

- Policy development
- Committee structure
- Cooperation with the Government

Services :

- Training
- Legal Advice
- Consultancy
- Capacity building programs
- E-government
- Research
- Networking

Association's strengthening:

- PR/communication Project management
- Fundraising
- Internal Management
- IT
- HR
- International Cooperation
- EU integration
- Leadership
- Strategic Planning
- Financial Management
- Income generation

Other:

Description of the Request:

SHARING ASSOCIATION

Preferred Knowledge Sharing Association:

Is the Knowledge Sharing association interested in the specific program?

- Yes No We did not contact any association

Preferred Languages:
