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WP WORK PACKAGE 5 Transnational Training Regulations of the PaintingSkillsAcademy

Layout template for the description of the products (courses, workshops, ...)

| PaintingSkillsAcademy – TRAINING LEARNING/TEACHING/TRAINING ACTIVITIES | | |
|---|--|--|
| | | |
| Ident number of the activity / UNIT | | |
| Activity type | Self study Face-to-face training course E-learning course Workshop Workshop laboratory | |
| EQF-Level | Level reached at the end of the training / activity | |
| Field | Vocational preparation Vocational training further education Additional qualification | |
| Target group | Young people without a school leaving certificate. Young people with a school leaving certificate. Trainees / apprentices. Employees with and without a professional qualification | |
| Entry requirement | Graduation Professional Qualification Work experience | |
| Provider, place of learning | Educational institute Vocational training school Master painter school | |



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| LEARNING/TEACHING/TRAINING ACTIVITIES – continuation | | |
|--|--|--|
| Contact details of | Last name, first name | |
| the provider | Position / area of responsibility | |
| | Telephone, fax, email | |
| | Website | |
| Lecturer / Trainer | Last name, first name | |
| | Short profile | |
| Dates, duration of | Date (from to) and times | |
| the activity | Hours, days, weeks, months, | |
| Attendance mode | Full time | |
| | Part-time (extra-occupational) | |
| Prices per person | (1) Cost of the activity: € per activity / UNIT / course / seminar / workshop / etc. | |
| (participant) | (2) Material costs: € per activity / UNIT / course / seminar / workshop / etc. | |
| | (3) Examination fees: € per activity / UNIT / course / seminar / workshop / etc. | |
| Max. Number of participants | max. number of people per activity / UNIT / course / seminar / workshop / etc. | |
| Funding opportuni- | Note: | |
| ties | Learning location | |
| | National framework | |
| | | |
| DESCRIPTION OF THE ACTIVITY | | |
| Ident number of the activity / UNIT | | |
| Goals / field of competence | Description of the goals (general goals) that can be achieved with this activity. | |
| Training tasks | Description of detailed goals / content (fine goals). | |
| | Learning outcomes according to PSA qualification portfolio: | |
| | Knowledge | |
| | Skills | |
| | Responsibility and autonomy | |
| ASSESSMENT OF THE ACTIVITY | | |
| Others | Methodology | |
| | • | |
| | Please bring along to the course/seminar! | |
| Assessment board | Examination committee (national, European) | |
| Assessificit Dualu | Examination committee (national, European) Expert committee (national, European) | |
| | ⇒ depending on the type and goal of the activity | |
| | → depending on the type and goal of the activity | |





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| ASSESSMENT OF THE ACTIVITY – continuation | | |
|---|---|--|
| Assessment basis | Description of assessment principles (regulations for assessment), e.g.: Documentation of the work process (videos, photos, websites, etc.). Written report with explanation. Notes on reflection. → depending on the type and goal of the activity | |
| Assessment crite- ria's | Description of criteria / evaluations / priorities, such as e.g: 30% in writing (knowledge) 60% practical (skills) 10% vocal / oral (technical discussion) → depending on the type and goal of the activity | |
| PSA certificate | Confirmation of participation in the activity. Certificate / Diploma: Examination passed or not passed. Certificate with examination results (grades, points). → depending on the type and goal of the activity | |
| RECOMMENDATIONS - if desired | | |
| Advice on personal career planning | Individual recommendations. Career opportunities. | |



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| BINDING REGISTRATION | | | | |
|--|-------------------|---|--|--|
| | ☐ for the semin | nar (insert name of the seminar) on (enter desired date) | | |
| Inform | ation about the p | articipants | | |
| | • | articipants | | |
| (1) | Name, first name | | | |
| | Adress | | | |
| | Phone | | | |
| Email | | | | |
| | Trade | | | |
| (2) | Name, first name | | | |
| () | Adress | | | |
| | Phone | | | |
| | Email | | | |
| | Trade | | | |
| | | | | |
| Hotel | and breakfast - | if desired (Prices on request!) | | |
| Book | your overnight | Overnight stay and breakfast (Please check where applicable!) | | |
| stay ir | n Baden with | ☐ Single room – € per person/night | | |
| you! | | | | |
| | | □ Double room – € per person/night | | |
| | | ☐ Breakfast – € per person/day | | |
| | | E-mail address for invoicing: | | |
| | | 2 mail address for inveloing. | | |
| | | | | |
| | | | | |
| By registering, I/we accept the participation and business conditions < of the provider >. | | | | |
| | | | | |
| | | | | |
| | | | | |

signature

place, date