**TCA Study Visit**

**“INCLUSION WITHIN KA2”**

**Warsaw, Poland, 7-10 November 2017**

**Registration form**

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| --- | --- | --- |
| **Participant name** | |  |
| **Position and area(s) of responsibility within the organisation** | |  |
| **Participant’s knowledge of English**  **(B2 level required)** | |  |
| **Participant e-mail** | |  |
| **Participant phone number** | |  |
| **Organisation name** | |  |
| **Type of organisation** | |  |
| **Organisation address** | |  |
| **Postal code** | |  |
| **Country** | |  |
| **Phone number** | |  |
| **Organisation e-mail** | |  |
| **Legal representative of the organisation** | | **Name**  **position** |
| **Sector VET or HE?** |  | |
| **experience of your organisation in education programs** |  | |
| **The needs of your organization in the context of inclusion** |  | |
| **Project ideas (if yes, please describe)** |  | |
| **What kind of project partner are you looking fo (sector, type, group etc)?** |  | |