

Partner Contribution & Commitment Form

ERASMUS+ TRAINING COURSE / MOBILITY OF YOUTH WORKERS

A fillable partner document for needs assessment, co-design and preliminary commitment. This document does not replace the final Partnership Agreement.

PROJECT - PRE-FILLED BY ALUMNII MPES

Project title

Short project description / focus

Proposed period (if known)

1. PARTNER ORGANISATION

Organisation name

Country

Contact person

Email

2. PROFESSIONAL RELEVANCE & NEEDS

Based on your organisation's youth work practice, what professional needs, challenges or realities make this Training Course relevant for the youth workers or practitioners you could involve?

How do you know these professional development needs exist?

- Direct conversations with youth workers / practitioners
- Regular observation of youth work practice
- Feedback from activities or supervision
- Internal surveys / needs assessments
- Previous training or project evaluations

How do you know these professional development needs exist? (continued)

- Challenges reported by young people
- Partner / stakeholder feedback
- Research, statistics or professional literature
- Organisational development priorities
- Other

If useful, briefly add any evidence, example or organisational context we should understand.

3. PRACTITIONERS YOU COULD REALISTICALLY INVOLVE

Maximum number of participants your organisation could realistically send

Expected age range, if relevant

Which participant profiles could your organisation realistically send?

- Youth workers
- Volunteer youth workers
- Youth leaders
- Trainers / facilitators
- Educators / teachers
- Mentors / counsellors / social professionals
- Project coordinators working directly with young people
- Volunteers working directly with young people
- Other relevant practitioners

Likely level of youth work experience:

- New to youth work / less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years
- Mixed levels / depends on the Training Course

Maximum number of these participants who could face fewer opportunities

If relevant, briefly explain the barriers or support needs that could affect their participation.

4. PROFESSIONAL LEARNING PRIORITIES

Which areas are most relevant for the practitioners your organisation could involve in this specific Training Course?

- Practical methods and educational tools
- Facilitation and group management
- Inclusion and diversity
- Working with young people with fewer opportunities
- Intercultural learning
- Communication with young people
- Youth participation and empowerment
- Safeguarding / wellbeing / managing sensitive situations
- Digital or media-related youth work
- Creative or non-formal education methods
- Evaluation and recognition of learning
- International youth work and partnership building
- Other project-specific competence

What specific competence, method or approach would be most valuable for your participants to develop through this Training Course?

5. YOUR ORGANISATION'S CONTRIBUTION

If the project is funded, which of the following can your organisation realistically commit to?

- Identifying and selecting relevant participants
- Consulting participants about their learning needs
- Participating in partner coordination
- Preparing participants before mobility
- Contributing methods, resources or case studies
- Providing expertise related to the Training Course topic
- Preparing / facilitating one or more sessions
- Supporting inclusion and accessibility
- Supporting participants during the mobility
- Supporting local follow-up and transfer of learning
- Disseminating results and resources
- Connecting the project with relevant local stakeholders

What specific expertise, practice, contribution or resource can your organisation bring to this Training Course?

6. PRACTICAL COMMITMENTS

PARTICIPATION FEE COMMITMENT

Please confirm whether your organisation can agree that participants selected for this project will not be charged a participation, membership, administrative or similar fee as a condition for taking part in the mobility.

Yes, our organisation agrees

We need to discuss this before confirming our partnership

If discussion is needed, please explain briefly.

Could any participant require an accompanying person because of accessibility or support needs? If yes, indicate the possible number.

7. TRANSFER OF LEARNING & EXPECTED VALUE

What would you most like participants from your organisation to gain from this Training Course?

How could participants realistically apply or share what they learn after returning home?

How could your organisation support the transfer of learning into its regular youth work, activities or internal practices?

Approximately how many other practitioners and/or young people could benefit indirectly from participants applying or sharing what they learn?

8. CONFIRMATION & PRELIMINARY COMMITMENT

By submitting this form, we confirm that the information provided reflects our current understanding of the professional development needs of the practitioners we work with and our organisation's realistic capacity to contribute to the proposed project.

We confirm our interest in participating in the further co-design of the project and, should the application be approved, in fulfilling the roles and contributions indicated above, subject to the final project design and Partnership Agreement.

Name of person confirming

Role in organisation

Date

Digital signature

[CLICK HERE TO APPLY A DIGITAL SIGNATURE](#)

Adobe Acrobat / Reader compatible signature field