

# Project form

The objectives of this form

- Help and support you in formulating your project
- Enable you to determine objectives, determine the resources and skills to be applied, and identify in advance any impediments / difficulties....

Instructions and Practical Matters

- Fill in as accurately and clearly as possible and set realistic objectives

## 1. The research I did to find out in what context I'm going to carry out my international mobility project.

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What specifically I did (beyond the country form) to....

- *Become familiar with other experiences (e.g., similar projects carried out by former volunteers, making contact with the young people who went, etc.)*

Free text

- *... Gather useful information and analyse it (examples: telephone/e-mail contacts with the receiving organisation; use of forums for asking questions, etc.)*

Free text

What did this research and preparatory work actually contribute (the most important effects of this work for you)? Name at least three.

*(Examples: specify my project's objectives, get beyond clichés views about the country, better understand what the receiving organisation did, etc.)*

Free text

## 2. My project's objectives

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This section asks you to distinguish between your personal goal (general objectives) and more operational objectives (those of your apprenticeship/volunteering). You can start with your motivation form to provide details, expand, clarify, etc.

### 2.1. My goal, my personal objectives: *What mobility gives me...*

- ...*On the personal level (for me)*

*Free text*

- ...*On the professional level (for my future, my future job)*

*Free text*

- ...*Socially (values, commitment, etc.)*

*Free text*

### 2.2. Tasks to be done during my apprenticeship/volunteering

*Free text*

### 3. My advantages, my know-how, my skills

	<i>That is part of my existing qualities/skills</i>	<i>This is a quality/skill I'd like to acquire during the apprenticeship</i>
<i>Taking responsibility</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Show self-sufficiency</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Take initiatives</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Teamwork</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Organising your time and meeting deadlines</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Adhering to work hours</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Following a superior's orders</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Managing stressful situations (delay, emergency, unexpected)</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Managing conflicts and disagreements</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Understanding and speaking a foreign language</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no

<i>Expressing my opinions and emotions within a group</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Being able to listen to others, accept viewpoints or opinions different from my own</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Being more sociable, meeting up with friends and colleagues</i>	<input type="checkbox"/> yes <input type="checkbox"/> Partially <input type="checkbox"/> no <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no

#### 4. Fears and concerns, obstacles I identify and the way I plan to overcome them.

- *My fears concern the realisation of my project*

<i>Describe your fears</i>	<i>Ideas for overcoming them</i>
<i>Free text</i>	<i>Free text</i>

- *My fears concerning daily life on site*

<i>Describe your fears</i>	<i>Ideas for overcoming them</i>
<i>Free text</i>	<i>Free text</i>

- *The obstacles I may run into during my mobility project*

<i>Describe the obstacles</i>	<i>Ideas for overcoming them</i>
<i>Free text</i>	<i>Free text</i>