# Consensus report Training



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| ACTMOST trainee responsible  |
| Name of trainee responsible: |       |
| ACTMOST partner: |       |  |  |
| Tel: |       | fax: |       |
| email: |       |

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| Company info |
|  |
| Name of the company: |       |
| Department : |       |
| Website: |       |  |  |
| Address: |       | Country: |       |
| Type of company:  | [ ]  Start-up [ ]  SME [ ]  Large-scale company |
| Comment: | [How big is the company in size of revenues or number of employees and when is the company founded] |
|  |  |  |  |
| Company contact PERSON  |
|  |
| Name of contact person: |       |
| Title: |       |  |  |
| Tel: |       | fax: |       |
| email: |       |

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| General training information |
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| **Title of the Training:** |       |  |  |

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| **Involved ACTMOST partners :** |       |
| **Involved ACTMOST access centers (first indicated access center is the main unit assigned to this project):** |       |

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| Consensus statements |

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| *[Show overview of the planned scope of training]*Has the scope of training been reached: Yes/No In case answer is NO, provide an overview of the deviations and related reasons:                 |
| *[Show overview of the planned training dates]* |
| Has the training been performed on the foreseen dates? Yes/NoIn case answer is NO, provide an overview of the deviations and related reasons:               *[Show overview of the training contents and training duration for partner 1]*Is the training contents and duration by partner 1 performed as planned? Yes/NoIn case answer is NO, provide an overview of the deviations and related reasons:                |

*[Show overview of the training contents and training duration for partner 2]*

Is the training contents and duration by partner 2 performed as planned? Yes/No

In case answer is NO, provide an overview of the deviations and related reasons:

*[Show overview of the estimated budgets]*

Are the costs for the partners and Company in line with the original budget? Yes/No

In case answer is NO, fill in tables below and explain the deviations:

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| ACTMOST partner 1 |

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| --- | --- | --- | --- |
|  | Budget | Real costs |  |
| Number of days | *[Copy from application form]* |  |  |
| Personnel cost |  |  |
| Consumables cost |  |  |
| Total indirect cost  |  |  |
| TOTAL for partner1 |  |  |
| Cost carried by partner 1 |  |  |
| Reason for deviations |  |  |

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| ACTMOST partner 2 |

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| --- | --- | --- |
|  | Budget | Real costs |
| Number of days | *[Copy from application form]* |  |
| Personnel cost |  |
| Consumables cost |  |
| Total indirect cost  |  |
| TOTAL for partner 2 |  |
| Cost carried by partner 2 |  |
| Reason for deviations |  |

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| Summary: |

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|  | Budget  | Real costs |
| Total cost of training | *[Copy from application form]* |  |
| Support requested from ACTMOST |  |
| Total cost for company |  |
| Cost carried by partners |  |

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*[Show overview of the impact on the company]*

Is the expected impact on the company still valid? Yes/No

In case answer is NO, provide an overview of the new expected impact and related reasons:

*[Show overview of the trainees]*

Have all trainees followed the training sessions? Yes/No

In case answer is NO, provide an overview of the deviations and related reasons:

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