**Trainer’s full name: ……………………………………**

**INFORMATION ABOUT REQUIREMENTS**

**Experience in the implementation of min. 5 training courses for young people in the Eastern Partnership country in the last 24 months from the deadline for submitting offers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item no. | Title of the training | Work period  (YYYY/MM-YYYY/MM) | Short description | Place of activity |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

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*(date and place) (signature of the Contractor)*