# 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 | | | | | | |
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| 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 | | | | |  | | | | | **Title of the Training:** |  |  |  |  |  |  | | --- | --- | | **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/No  In 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/No  In 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 | |  |  |  |  | | --- | --- | --- | --- | |  | 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 | |  |  |  | | --- | --- | --- | |  | 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: | |  |  |  | | --- | --- | --- | |  | Budget | Real costs | | Total cost of training | *[Copy from application form]* |  | | Support requested from ACTMOST |  | | Total cost for company |  | | Cost carried by partners |  | |

*[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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