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|  | **UNIVERSITY OF CRETE****CENTRE OF TRAINING AND LIFELONG LEARNING**www.kedivim.uoc.gr kedivim@uoc.gr tel +30 2810393661 / 2 |

**EDUCATIONAL PROGRAM FORM**

**Personal evidence**

|  |  |
| --- | --- |
| Name/Surname of Scientifically ResponsibleProfessional Status  |  |
| Contact details (Telephone, Email) |  |
| Name/Surname of Academic Responsible |  |
| Contact details (Telephone, Email) |  |

**Educational Program evidence**

|  |  |
| --- | --- |
| **Program title** |  |
|  Scientific area (choose one or more of the following):1. Humanities and Arts2. Physical Sciences3. Medicine and Health Sciences4. Agricultural and Veterinary Sciences5. Social Sciences6. Mechanical Engineering and Technology7. Other (please refer) |  |
| **Sustainable Development Goals (choose one or more categories):**1. Zero poverty
2. Zero Hunger
3. Good Health and Well-Being
4. Quality Education
5. Gender Equality
6. Clean water and drainage
7. Cheap and clean energy
8. Decent work and economic development
9. Industry, innovation and infrastructure
10. Reduction ofinequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Climate action
14. Life below water
15. Life of land
16. Peace, justice and strong institutions
17. Cooperation for the goals

https://sdgs.uoc.gr/ |  |
| **Total duration of the program** (months, teaching hours) |  Months : |
| Sum of teaching hours: |
| Sum of workload: |
| **Maximum number of absences** (% percentage of the total teaching hours) | …. % |
| **Target group** (Expected audience/ participants) |  |
| **Minimum / Maximum number of participants** | Minimum number:Maximum number: |
| **Working language** |   |
| **Official Qualification Requirements for participants** |  |
| **Implementation method (%)** | Face to face % |
| Blended ( % face to face , % asynchronous, % synchronous)  |
| Distance (e-learning) % |
| **Monitoring process** (e.g. face to face by attendance record, e-learning record, etc) |  |

|  |  |
| --- | --- |
| **Teaching Module** | Duration of teaching modules (hours) |
| **1.**  |  |
| **2.**  |  |
| **3.**  |  |
| **….** |  |
| **……..** |  |
| TOTAL HOURS  |  |

**Goal and objectives of the program**

|  |  |
| --- | --- |
| **Program Objective**(up to 300 words) |  |
| **Educational goals of the program** |
| **Cognitive Skills** (ability to compile**,** organise and analyse data through observation, comparison, prediction, prioritising, e.g. knowing what something means, understanding its impact...) |  |
|  **Psychomotor skills** (ability to use stimuli that develop into a motor activity,to take initiative, to prioritise,to describe something) |  |
| **Behaviours/attitudes** (ability to use acquired cognitive and psychomotor skills in various situations and outside the educational process, attitude formation) |  |

**Detailed presentation of teaching modules**

| **Teaching module title** | **Teaching hours** | **Title of submodule** | **Learning outcomes** (Identify the key competences generated by the programme and, if possible, distinguish between general and specific competences, which are the most relevant for the proposed programme.) |
| --- | --- | --- | --- |
| **Breakdown of hours per category** | **Breakdown of hours per method** |
| **Face to face teaching in the classroom**  | **Distance e-learning** |
|  **Theory** |  **Practice**  |  **Hours in total** | **Synchronus e-learning** | **Asynchronus e learning** |
| 1….. |  |  |  |  |  |  | **1.1…….** |  |
| 1.1…. |  |  |  |  |  |  | 1.2……… |  |
| 2….. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| …. |  |  |  |  |  |  |  |  |
| Sum of Teaching hours per category |  |  |  |  |  |  |  |

**Evaluation of learning outcome**

|  |  |
| --- | --- |
| **Learning Outcomes Evaluation process** |  |
|  |
| .. |

**Trainers**

|  |  |
| --- | --- |
| **Full name of trainer/facilitator** |  |
| **Professional status of trainer** |  |
| **Telephone** (office, mobile) |  |
| **Email** |  |
| **Qualifications of trainer** | 1.  |
| 2.  |
| .. |

|  |  |
| --- | --- |
| **Full name of trainer** |  |
| **Professional status of trainer** |  |
| **Telephone** (office, mobile) |  |
| **Email** |  |
| **Qualifications of trainer** | 1.  |
| 2.  |
| .. |

**Other Project Team Members**

|  |  |
| --- | --- |
| **Full name**  |  |
| **Professional status**  |  |
| **Telephone** (office, mobile) |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Full name**  |  |
| **Professional status**  |  |
| **Telephone** (office, mobile) |  |
| **Email** |  |

**Type of Certificate**

|  |  |
| --- | --- |
| **Certificate or****Certificate of attendance** |  |
| **ECVET** or ECTS |  |

Participation fee

|  |  |
| --- | --- |
| **Participation fee** |  |
| Method of payment (in total/ in instalments) |  |

**Collaborations**

|  |  |
| --- | --- |
| **Partner organizations** |  |

**\* to be accompanied by a draft of the relevant agreement**

**FEASIBILITY AND SUSTAINABILITY STUDY OF THE PROGRAMME** (in accordance with Art. 2 of Greek Law 4957/2022, the submission of a proposal must be accompanied by a feasibility and sustainability study of the programme).

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| --- |
| **Indicate briefly the relevance to the subject, organisational details, budget, range of expenses, etc.)** |