



WorldSkills Capacity Building Centre Cooperation Program Proposal

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|---|--|---|---|
| Country Proposed for Cooperation | Name of potential cooperating country | | |
| Contact Information of Proposing Organization/Person | | | |
| Organization | Organization name of the proposed country or referral organization | | |
| Contact Person | First name Middle name Last name | | |
| Title | Title of contact/proposing person | | |
| Email | Email address of contact person | | |
| Proposed Cooperation Program | | | |
| Duration | From Choose a date from calendar. | To Choose a date from calendar. | |
| Skills and participants | Name of Skills | Number of participants | Position(s) |
| | 1. Type the name of the skill | Type number | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| | 2. Type the name of the skill | Type number | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| | 3. Type the name of the skill | Type number | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| | 4. Type the name of the skill | Type number | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| | 5. Type the name of the skill | Type number | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| | 6. Type the name of the skill | Type number | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| | 7. Type the name of the skill | Type number | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| | 8. Type the name of the skill | Type number. | <input type="checkbox"/> Expert <input type="checkbox"/> Competitor <input type="checkbox"/> Trainer <input type="checkbox"/> Other: Type here |
| Funding | <input type="checkbox"/> All expenses are entirely covered by the proposed country. <input type="checkbox"/> Other: Please detail proposed country's financial arrangements here. | | |
| Locations of Activities | <input type="checkbox"/> In Taiwan <input type="checkbox"/> In proposed country: Please specify main location(s)/citie(s) here | | |
| Remarks | Further requirements or information please type here | | |

Note: Please E-mail this Proposal Form to the Technical Delegate of Chinese Taipei in company with a formal letter from an Official/Technical Delegate or the organization(s) in charge of your country/region's skills development or WSC matters.