

Annual Report as EBBD – School: (School) Year _____

Contact data				
Name of school/institution				
Address				
Address 2 (Street, Postal Code, Place) (if deviating to above)				
School's/Institution's Website				
	Title (Mr, Ms)	Name	E-Mail Address	Phone (incl. prefix)
Principal	Mr			
Head of department ¹	Mr			
EBBD Coordinator	Mrs			

¹ department, in which EBBD is implemented

1. Documentation of programme development and achieved/realized activities:

Number of Students in the Programme (all years)	Graduates

2. Documentation of programme development and achieved and realized activities:

Learning Area/Learning Outcome/Technical requirement	Activity
e.g. work placements	e.g. how many students went, where were the placements, how were they prepared evaluated
e.g. simulations	
Etc.	

This annual report has to be signed by the person that legally represents the institution.

I, the undersigned, declare that all information contained in this annual report is correct to the best of my knowledge.

Place:

_____ Date: _____

Name signee:

Function signee:

legally binding signature:

stamp (if applicable):
