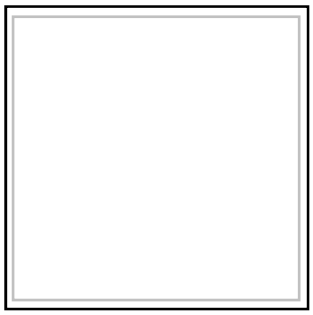
Training Institute on Migration Capacity Partnership for the Mediterranean (MCP Med TI)

Trainer Profile Template



This trainer profile will be used to collect information about potential trainers.
The information provided will be used to assess the suitability of nominated trainers against required standards leading to their selection, potential authorisation and eventual deployment.

Section 1: Registration form		
1. Family name	**2. First name**	**3. Previous/Maiden name** (Non-mandatory)
4. Date of birth (dd/mm/yy)	**5. Place of birth**	**6. Nationality/Nationalities**
7. Identity document If response is other _____ Identity document number: _____		
8. Gender If response is other _____		
9. Correspondence address (Non-mandatory) Address: Country: City: Zip: Private email: Telephone number:		
10. Contact person in case of emergency:		
Full name	Address	Telephone number
Relationship:		
11. Highest educational level achieved: Institution name: Graduation year: Country:		
12. Employment Current position: Organization: Location:		
13. Covid-19 vaccination If vaccinated, please fill out the table below		
Date of last vaccination	Type of vaccine used	Country of vaccination

Section 2:

14. Pedagogy

General pedagogical qualifications	Date	Issuing organisation or institute	Level EQF[1]/MQF[2](MQRIC[3]) or equivalent

NB: If no pedagogical qualifications are available, please mention the general education level (school, university)

15. Subject matter

Qualification (subjects)	Date	Issuing organisation or institute	Level EQF/MQF (MQRIC) or equivalent

16. Training delivery experience

Subject	Audience	Delivery method	Role (lead trainer, co-trainer, assistant)	# of courses	# of trainees	Classroom delivery hours	Last delivery date

17. Work/Operational experience (migration-related)

Operational experience (subjects)	Date From….To….	Role (position)	Main tasks

18. Linguistic skills

Language	Listening	Reading	Writing	Speaking	Qualification (If available)
English	A1	A1	A1	A1	
French	A1	A1	A1	A1	
Arabic	A1	A1	A1	A1	

NB: Please use the CEFR[4] levels as reference (six-level scale A1, A2, B1, B2, C1, C2)

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19. Continuous professional development (formal, informal and non-formal)

Training courses, workshops, seminars, conferences, e-learning and case studies.

20. Other relevant skills:

Skills	Description	Qualification (If available)
Conducting Training Needs Analysis (TNA)		
Training planning and preparation		
Training monitoring and evaluation		
ICT		

21. I freely express and give my consent to MCP Med TI to use my personal data and the personal data of my contact person in case of emergency stated above for administrative purposes in accordance with the MCP Med TI and ICMPD's Data Protection Rules and Procedure. Accordingly, I shall have a duty to update and a right to access, request rectification and/or deletion of the above data by contacting MCP MED TI.

22. ☐ I hereby give my permission that photographic images/recordings of me can be taken in a business context which may be processed and used by the MCP Med TI for visibility purposes, during and after my participation in MCP Med TI's activities (please tick the box below). If you tick 'no' you will need to notify the person(s) taking photos/recordings in the respective context that you do not wish to be included.

23. I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. The MCP MED TI reserves the right to request any other document/proof pertaining to the statements given above.

Date:	**Signature:**

Finalise Form

[1] European Qualifications Framework
[2] Malta Qualification Framework
[3] In the case of non-Maltese qualifications, an MQRIC (Malta Qualifications Recognition Information Centre) statement is to be submitted with the copy of the qualification
[4] Common European Framework of Reference for Language

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