



ACCOMPANYING PERSON

First name:

Surname:

MY OWN EXPERIENCE

Large empty blue rectangular area for writing the experience.

STUDENT 1

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 2

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 3

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 4

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 5

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 6

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 7

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 8

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 9

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 10

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 11

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:

STUDENT 12

First Name:

Surname:

Host Organisation:

Occupation:

First Week:

Second Week:

Third Week:























