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## Annex2 Transnational project meetings Evaluation (Pre-mobility assessment Form)

Please fill in the blanks and specify your expectations next transnational project meeting of BENEFITS Project.

1. Academic Degree:	•••••
2. Experience as an academic nurse or health sciences education?	Years
3. Number of Erasmus + projects he/she has worked in the past two years:	
4. Two years' experience in transcultural nursing and nursing education (mark as many	

as necessary)

- Undergraduate course
- Postgraduate course
- Publication about transcultural nursing
- Scientific activity participation

## 5. My interest in this project is if I rate it between "0" and "5" point;

	Strongly	Disagree	Neither	Agree	Strongly
	disagree	C	agree or	C	agree
			disagree		
	1	2	3	4	5
1. The partners responsible for the meeting contributed					
to the meeting planning.					
2. All representatives perform their tasks on time before					
the transnational project meeting.					
3. All risks regarding the transnational project meeting					
are discussed and eliminated.					
4. All emerging problems are eliminated with					
cooperation in consensus according to the quality					
management plan.					
5. All communication assets are utilized to plan the					
meeting program before the meeting.					
6. The topics discussed in the meeting match the aimed					
outputs.					
7. Project meeting will take place at the planned location					
at the planned date and time.					
8. Hosting partner planning covers participants needs					
before meeting.					
9. Project budget spending plan is compatible with the					
project targets.					
10. The outputs of this meeting are compatible with the					
project outputs.					
My additional expectations from this meeting					

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