POLISH NATIONAL AGENCY FOR ACADEMIC EXCHANGE

MOBILITY REPORT

Project Title: "The 3xW framework: Exchange, Cooperation, and Joint Research Tasks for enhancing the potential of early-career plant biologists – Strategic Partnership Programme"
Agreement Number: BPI/PST/2024/1/00086/KW/00001 | **Financed by:** NAWA

1. PARTICIPANT INFORMATION

Name and Surname	
Status in Project	[ ] Research Staff – PI / Research Group Leader [ ] Research Staff – Early-Career Researcher / Aspiring Group Leader
Department / Laboratory	

2. DETAILS OF THE VISIT

Event Name	[ ] EMBO Lab Leadership Course for Postdocs [ ] EMBO Lab Leadership Course for Group Leaders _____		
Host Institution / Organizer	EMBO / Action M		
Course Location	City: _____ Country: _____		
Dates of Mobility	From: DD/MM/YYYY To: DD/MM/YYYY	**On-site Duration**	____ days

3. DESCRIPTION OF ACTIVITIES

Main Competency Modules Covered (mark all applicable with X)	[ ] Communication, Active Listening & Feedback [ ] Conflict Management & Negotiation [ ] Team Building, Recruitment & Selection [ ] Leadership Styles, Delegation & Decision Making [ ] Time Management & Personal Efficiency [ ] Mentoring & Supporting Early-Career Researchers
Outputs / Materials Obtained (mark all applicable with X)	[ ] Official Certificate of Completion (Mandatory) [ ] Leadership toolkits and course manual [ ] Personal development plan / Self-assessment tools
Implementation Plan at IBB PAS	*Describe concrete steps for applying the acquired leadership practices in your research group or daily workplace at IBB PAS...*
Mandatory Knowledge Dissemination Workshop	**Planned Workshop Date:** DD/MM/YYYY (within 3 months of course completion) **Target Audience:** [ ] PhD Students [ ] Postdocs / ECRs [ ] Open for All Staff **Outline of Topics / Agenda:** *Provide a short outline of the seminar/workshop content to be delivered at IBB PAS...*

4. CHECKLIST OF MANDATORY ATTACHMENTS

Attached	Required Document Description
[ ]	**Official Certificate of Completion** issued by EMBO / Action M.
[ ]	**Completed Evaluation Questionnaire** (in accordance with project requirements).
[ ]	**Proof of Travel and On-site Stay** (e.g., boarding passes, travel tickets, or hotel/attendance confirmations).

Location & Date:	**Participant Signature:**
_____	_____

PROJECT MANAGEMENT REPORT ACCEPTANCE

Evaluation Result:

[ ] Approved without reservations
[ ] Approved conditionally upon conducting the mandatory dissemination seminar
[ ] Returned for minor revisions/supplements

Project Manager / Academic Coordinator: _____

Date of Approval: _____