



**MINISTRY OF INDUSTRY AND TRADE**  
**Regional Competitiveness Programme**  
**Coordination and Implementation Centre**

**REGIONAL COMPETITIVENESS**  
**OPERATIONAL PROGRAMME**  
**2008- 2009 TRAINING NEEDS QUESTIONNAIRE**

**1. The Institution Info**

Please specify the related institution.

**Contact point information of the above-mentioned institution.**

Please specify the contact information of the person who answers this questionnaire on behalf of his/her institution.

Name-Surname	
Department	
Position	
Phone and Fax	
E-mail address	

**2. The Attended Training Programmes by Your Institution Regarding EU Financial Aids and Project Management**

Please fill in the table below.

Subject of the Training	Organizing Institution	Date of the Training	Number of Participants

Does your institution have a human resources development plan?	Yes	No
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If yes, does it include providing trainings related to the projects financed by the EU?	Yes	No
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Does your institution have a training plan regarding the EU projects for 2008 and 2009?	Yes	No
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