

Letter of Intent

for joining the foRMAtion Alliance

on the RMA Educational Module

I, *[name and position of the representative]* undersigned, on behalf of *[registered name in national language and name in English of the institution]* based in *[address, postal code of the organisation, country]*, from now on the institution, express our willingness to join the foRMAtion Alliance on the RMA Educational Module.

Hereby I express our willingness to appoint the relevant colleague(s) who will take charge of the actions enabling our active involvement in the Alliance, such as

- 1) taking part at the teacher training organised by the partnership;
- 2) familiarising itself with the relevant project outputs, with the special regard to the “foRMAtion international curriculum for future Research Managers and Administrators” (IO2) and the “Teaching material for the foRMAtion international module for future Research Managers and Administrators” (IO3);
- 3) adopting, adapting and teaching the RMA Educational Module at the institution;
- 4) citing the foRMAtion project when using the Educational Module and the Teaching materials as a resource
- 5) joining the Community of Practice of Teachers on a regular manner to enable the sharing of lessons learnt, useful experiences, and future possibilities;
- 6) contributing to the continuous quality assurance, evaluation and assessment of the programme by circulating the relevant surveys and forms and making them completed by the participants;
- 7) promoting the Alliance and related project outputs further.

I also acknowledge that by joining the Alliance, our institution and the relevant data (name, country, appointed colleagues, contact email) will appear on the foRMAtion website (www.formation-rma.eu).

[Place & Date]

[Name and Surname of the Representative]

[Position]

[Stamp]

Annex 1

*To be completed and returned to hetfa_formation@hetfa.hu
together with the signed Letter of Intent*

Registered name of the institution on national language:	
English name of the institution:	
Webpage:	
Contact details of appointed colleague: ¹	
Name	
Position	
Department (if any)	
E-mail address	
Phone number	

Privacy note: This data enables us to deliver our services related to the operation of the foRMAtion alliances. Your institution's name, the contact person's name and position will be visible at the project website. Your email address and phone number will be dealt with confidentiality and used only for the operation of the alliance and contacting you for future consultation.

¹ In case of more appointed colleagues, feel free to copy-paste the cells and add more information.