



ENTRY FORM FOR THE REGIONAL GOOD PRACTICE AWARD

1. GENERAL INFORMATION ON THE INTERMEDIATE GOVERNMENT

Name:		
Region:		
Country:		
Population:		
Current Governor:		
Member of ORU: YES	() NO()	
Phone:		
Website:		
E-mail:		

2. PERSONS RESPONSIBLE FOR THE PRACTICE

Please mark with a crossType of practiceGroup practice()Individual practice

	Surname and given name	ID / Passport n.	Position	Phone	E-mail	Institution
1						
2						
3						
4						
5						
6						

3. NAME OF THE GOOD PRACTICE

Title of the practice:

4. INFORMATION ON THE GOOD PRACTICE

Still carried out: YES () NO () Date of termination:

5. CONTEXT IN WHICH THE PRACTICE IS BEING DEVELOPED

Describe the geographical context of the institution (Max. 15 lines)





6. OVERVIEW OF THE PRACTICE

Please define what the good practice is about and indicate the main achievements obtained by its implementation. (Max.10 lines)

7. DECRIPTION OF THE PRACTICE

a)	Baseline situation that motivated the development of the practice (What problem, deficit or demand was expected to be addressed with the practice?) (Max 15 lines)
b)	Explain what competences and capacities wanted to be further developed with the practice (Max. 10 lines)
c)	Indicate which researches, theories or sources were consulted for the design and implementation of the practice (Max. 20 lines)
d)	Describe the evaluation process unfold during the practice implementation, assessment tools and techniques (Max 15 lines)
e)	Describe the new resources, ICT and cross-cutting approaches that were used to develop the practice (Max. 20 lines)





f)	Outline the practice implementation process taking into account the different stages.
g)	Explain which were in your opinion the greatest achievements obtained after the implementation of the practice (Max. 10 lines)
h)	Why do you believe that the practice you are submitting deserves to be recognised as a Good Regional Practice? (Max 10 lines)