“M-CARE: Mobile Training for Home and Health Caregiver For People with Disabilities and Older People“

DISSEMINATION STRATEGY

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1. INTRODUCTION

M-CARE is an EU funded project under Leonardo da Vinci measure of the Lifelong learning programme, lasting 24 months aims:

- To contribute to the development of quality lifelong learning and to promote high performance, innovation and a European dimension in systems and practices in the field: M-CARE will enable the creation of new white jobs (personal assistance) for low-skilled people, while also providing a curriculum and training material for local VET centres, to be incorporated in current care training practices. The innovative training tools (ICT driven, online, and also mobile) will ensure an improved qualitative PCGs service offering to beneficiaries. All M-CARE outcomes will be offered freely to e.g. the VET centres, which can then easily embed it in their training practices.

- To contribute to increased participation in lifelong learning by people of all ages, including those with special needs and disadvantaged groups, regardless of their socio-economic background: Raising competence levels of groups at risk is core. Target learners are: older persons that would like to be employed again, low skilled people that seek a job without need for (higher) degree, but also family members/friends who would like to provide assistance to their disabled relatives/friends. Additionally, PCGs training can potentially strengthen the service provision of care providers, whose education normally does not address the skills needed for disability support.

- To support participants in training and further training activities in the acquisition and the use of knowledge, skills and qualifications to facilitate personal development, employability and participation in the European labour market: M-CARE will provide the tools (curriculum, training material, ICT applications) for VET centres to train low skilled people in becoming PCGs (“white job”), supporting the integration of learning with working, directly supporting the daily well-being of people with
disabilities and older people. Additionally, also family/friends of people with disabilities will be offered the opportunity to gain new skills as PCGs to support their family members/friends.

- To facilitate the development of innovative practices in the field of vocational education and training other than at tertiary level, and their transfer, including from one participating country to others: M-CARE will provide a blended innovative training approach, embracing a) face-to-face, b) virtual (using online learning environment) and c) on the job training (using mobile training support). Each of these modes will be supported with textual, audio and video support, thus allowing the trainee to improve their PCGs skills at any desired moment, and especially, when being on the job itself. This will be optimised on EU level through involvement key stakeholders from different countries.

- To support the development of innovative ICT-based content, services, pedagogies and practice for lifelong learning: M-CARE will use the maximum advantages that current ICT offers: online fully accessible training environment, portal that fully embeds social media to propagate the training modules, and all this combined with a mobile learning approach (for Android mobiles and tabs) which will allow the user to learn in a flexible manner, also when being on the job. In addition, such training approach is transferable to “green” and other “white” jobs.

M-CARE’s work and consortium composition supports the cooperation between the world of education and training (VET providers); sector-specific expertise (service providers and ministry); and bodies involved in education and training systems (universities). This will ensure that M-CARE will contribute to close links between working life and VET training, addressing the labour market needs for skilled PCGs, contributing as such to inclusive growth, benefiting PwDs (also represented).

M-CARE provides the training framework and content for low skilled people, including those with learning difficulties, to potentially become personal
assistants, and become employed. The direct effect is twofold: low skilled people will gain skills needed to undertake the PCG job, while the beneficiaries (PwD) will benefit from improved PCG service provision. This will however require a strict assessment to ensure that the candidates are competent and can meet the requirements of a PCG job.

The “M-CARE” VET training will allow low-skilled people to acquire high quality PCGs skills in a relative short period of time, thus ensuring increased readability for employment. This is in line with the new EC disability strategy (adopted on 15/11/10) to break down barriers that prevent PwD from participating in society on an equal basis. One of the actions focused on ensuring that EU programmes/funds in policy areas relevant to PwD are used to develop PCG schemes.

This particular document refers to the project’s strategy and plan for the dissemination of its results and it is organized as follows:

- Chapter 1 Introduction
- Chapter 2 outlines the overall M-CARE dissemination strategy
- Chapter 3 describes the M-CARE dissemination plan
- Chapter 4 presents the M-CARE's dissemination means and material
- Chapter 5 outlines M-CARE dissemination events
- Chapter 6 describe the reporting procedures
- Chapter 7 presents the Conclusions

The dissemination will be organized in three phases:

a) Early in the project, dissemination will ensure that the project is addressing the needs of its target groups, or is creating awareness or understanding of the project activities.

b) During the project, dissemination is about identifying lessons from what has been learned, particularly in relation to processes, and passing them on to key stakeholder groups.
c) At the end of the project, dissemination is intended to publicize more generally the project’s outputs (both products and processes), the lessons learnt, and the benefits gained both tangible and intangible ones.

2. DISSEMINATION STRATEGY

The dissemination of the project will be differentiated according to the target groups to which the project is addressed and according to the result which is being disseminated.

2.1. THE SCOPE OF THE DISSEMINATION STRATEGY

The proposed dissemination strategy lies on four basic public relations principles:

- **Be visible**: Stay proactive. Promote your objectives through media and community involvement. Build positive relationships with opinion makers.
- **Be informed**: Keep abreast of community issues, read papers, watch news. Attend the national and community policy making on the topic that you are concerned. Research the issue on the Internet.
- **Be consistent**: Stay on message. Right actions at the right place. Media can sometimes relish inconsistencies.
- **Be constructive**: Be part of the solution. Build personal relationships.

2.2. THE OBJECTIVES OF THE DISSEMINATION STRATEGY

Dissemination must be an integral part of the project activities as it will enable the consortium to reach the target group, get them actively involved, interested and motivated in order to:

- Get better and more precise results (direct beneficiaries)
• Get them interested to foster the project results (Personal caregivers (PCGs), VET trainers and other stakeholders)
• Get the message out there (trainers, training institutions, media, public bodies, etc.)

2.3. IDENTIFICATION OF OPPORTUNITIES AND TARGET GROUPS

A careful mapping of specific opportunities and tasks has to be made in order to support the dissemination activities that will be performed during the M-CARE project. Therefore, a list has been constructed containing the initial areas sought for obtaining contacts and opportunities for collaboration and target groups for dissemination and post project end sustainability related activities. The target groups identified for M-CARE project can be distinguished into two main areas:

1) Direct Beneficiaries which include:
   • Unemployed and / or low skilled adults (18+) who want to obtain up-to-date knowledge, skills and competencies through innovative mobile Personal Care (VET) training.
   • Current employees in Personal Care and Social service sectors who are seeking to improve their competences and skills.

2) End users
   • VET training centres that can extend their training portfolio by offering such innovative training resources.
   • People with disabilities and older people who will be direct beneficiaries of reliable and qualitative services provided by well-trained practitioners.
   • Social enterprises
   • Public authorities
   • Associations of disabled people
• Association of family members with disabled person
• Municipalities
• Policy makers

Dissemination actions can be categorized in 4 levels:

• **Dissemination for awareness**: we wish people to be aware of the work of our project. This may be useful for those target audiences that do not require a detailed knowledge of our work but it is helpful for them to be aware of our activities and outcomes. Creating such an awareness of our project’s work will help the ‘world of mouth’ type dissemination and help us build an identity and profile within our community.

• **Dissemination for understanding**: there will be a number of groups / audience that the consortium needs to target directly with the dissemination. This will be because the consortium knows that they can benefit from what M-CARE project has to offer and also because it realizes that their involvement in the project will improve significantly its results.

• **Dissemination for support**: the project’s success lies in the support the consortium can get from the key audience and other stakeholders. Even if it delivers excellent results, if it does not get the support from people with disabilities, trainers or authorities that can use the interactive learning courses, then all of the efforts will fall into void. It is important that people we want to eventually use our project’s results must be involved from the beginning, supporting our activities.

• **Dissemination for action**: ‘Action’ refers to a change of practice resulting from the adoption of results offered by the M-CARE project. Targeted audience for this type of dissemination are groups/audience that is in a position to ‘influence’ and ‘bring about change’ within their organisations. These are the groups/audience that will need to be equipped with the right skills, knowledge and understanding of the work in order to achieve real change.
In each country a stakeholder network will be set up including stakeholders from the target groups listed above. Every partner will create a local stakeholder network which will be expanded as the project proceeds. A database will be created which will include the information provided. The database will be regularly updated by the partners to ensure that it is an on-going process attracting new community members. It will start from the beginning of the project and new organizations will be added as the project continues. In order to avoid mismatches on the final integration of the different national lists, a Stakeholders Network List Template is provided as Annex II of this document.

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<tr>
<th>Purpose</th>
<th>Activity</th>
<th>Target Audience/Groups</th>
<th>Methods</th>
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**Dissemination Strategy**

**M-CARE: Mobile Training for Home and Health Caregiver For People with Disabilities and Older People**

<table>
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<tr>
<th>Purpose</th>
<th>Activity</th>
<th>Target Audience / Groups</th>
<th>Methods</th>
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</table>
| for awareness | • Launching and regular update of project website  
• Project products development and implementation  
• Preparation and distribution of case studies  
• PR campaigns aiming at promoting high quality personal care and high level of training courses  
• Development and distribution of promotional materials | • Unemployed and/or low skilled adults (18+)  
• Current employees in Personal Care and Social service sectors  
• VET training centres  
• People with disabilities and older people  
• Social enterprises  
• Public authorities  
• Associations of disabled people  
• Association of family members with disabled person  
• Municipalities  
• Policy makers | • News  
• Written case studies  
• Open communication  
• Online publications |
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<th>Activity</th>
<th>Target Audience / Groups</th>
<th>Methods</th>
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| for understanding | • Regular announcements at workshops, seminars, and conferences  
• PowerPoint presentations within suitable round tables and conferences on national and European level  
• News releases sent to journalists from mainstream media  
• Links to other projects/initiatives on national and EU level  
• Info days or bilateral meetings with representatives of M-CARE target groups  
• Project news distributed through e-mail and regular mail  
• Articles published in online portals and search engines  
• Publications in specialised academic newsletters  
• Regular postings in social media | • Unemployed and / or low skilled adults (18+)  
• Current employees in Personal Care and Social service sectors  
• VET training centres  
• People with disabilities and older people  
• Social enterprises  
• Public authorities  
• Associations of disabled people  
• Association of family members with disabled person  
• Municipalitie s  
• Policy makers | • PowerPoi nt presentati ons  
• Reports  
• Articles  
• Radio and TV interviews  
• Networki ng  
• Social media publicatio ns |
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<th>Target Audience/Groups</th>
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| for support | • Iterative testing of project outputs  
• Bilateral meetings with PCGs and policy makers  
• Focus groups and/or panel sessions with target group representatives and other potential beneficiaries  
• Advisory group members’ involvement in networking with stakeholders  
• Meetings with regional community organisations | • Current employees in Personal Care and Social service sectors  
• VET training centres  
• Public authorities  
• Associations of disabled people  
• Association of family members with disabled person  
• Municipalités  
• Policy makers | • Questionnaires  
• Open interviews  
• Personal invitations  
• Face to face communication  
• Memorandums of understanding  
• Joint dissemination events |
## Dissemination Strategy

**Purpose**

<table>
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<th>Activity</th>
<th>Target Audience / Groups</th>
<th>Methods</th>
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| - Promotion and exploitation of the M-CARE products among the partners countries and involvement of non-participating countries  
- Mainstreaming of M-CARE results among stakeholders and gatekeepers | - Current employees in Personal Care and Social service sectors  
- VET training centres  
- Public authorities  
- Associations of disabled people  
- Association of family members with disabled person  
- Municipalities  
- Key decision makers acting in education and training policy (local, regional and national authorities, public bodies, ministries etc.) | - Liaison closely with key stakeholders  
- E-mail shots  
- Networking  
- Signed cooperation agreements |

### 2.4. **DEFINITION OF INSTRUMENTS AND MEDIA**

Dissemination activities will be performed through various instruments and media. These will be carefully selected for facilitating collaboration among involved parties, i.e. bidirectional flow of knowledge, promoting the project and
its results in a unidirectional informative manner, providing targeted or generic information and allowing the provision of feedback and suggestions / requirements raised by target groups such as PCGs service providers, social enterprises and other community members. The main instruments and media which will be used fall within the following areas:

- Events;
- Publications;
- E-Media;
- Social Media.

**Events** refer to both collaboration and dissemination and include participation in, or organization of:

- Bilateral meetings;
- Presentations at conferences;
- Workshops for the key stakeholders;
- Exhibitions;
- Training events;
- Networking sessions;
- Specialized events.

**Publications** refer to both electronic and printed media. They include:

- Press releases;
- Short articles published on the Internet or in journals and relevant magazines;
- Newsletters and other information material produced by the partners and disseminated through the internet (including publications in social networks, project’s entry at Wikipedia etc.);
**E-media** is primarily concerned with the project’s website and the services made available there and includes:

- Content published on M-CARE website;
- Content published on the partners’ company website about M-CARE project.

**Social media** refers to the creation of a project page on Facebook (www.facebook.com/MCareproj) and other social media sites relevant to the project as well as placing postings in Listservs and Educator Social Networks.

### 2.5. DISSEMINATION MATERIAL

An important stage in the context of the M-CARE plan is the production of promotional materials. Examples of dissemination materials, already produced, include:

- Presentation Template (for further information see section 4.2.)
- Dissemination Report (Internal Project Management document) – Annex I
- Project logo (for further information see section 4.3)
- Project leaflet (for further information see section 4.4)
- Project roll-up banner (for further information see section 4.5)
- Newsletters (for further information see section 4.6)
2.6. **DISSEMINATION MANAGEMENT ROLES, COMMITTEES AND TOOLS**

Each partner based on its role in each WP will support the dissemination activities by:

- Producing dissemination materials;
- Contributing to the newsletters, website and social media content;
- Managing the means / tools to support dissemination activities;
- Coordinating and managing the relevant activities that deal with the partner’s work or application field on the project;
- Managing the partner’s internal inter-organizational dissemination issues;
- Organizing events.

The Dissemination Manager - Interprojects Ltd. (DM) of the project will be responsible for the coordination of dissemination activities throughout the project in cooperation with the Project Coordinator and the Consortium as a whole. The DM will have to deal with the following aspects of the project:

- Coordinating the dissemination activities in the project;
- Drafting and updating the dissemination plan;
- Organizing and chairing dissemination events;
- Reporting on dissemination to the Project Consortium;
- Producing newsletters using the contribution by all partners;
The main electronic means / tools to assist these activities are as follows:

- The project’s web site which includes an ATutor internal communication platform, acting as a common file repository amongst project partners and a public area acting as a dissemination platform for M-CARE project.
- Mailing lists including all partners as appropriate.
- Social media websites where the project can be advertised (e.g. Facebook)
- Organizations’ websites, where the project must be advertised and links should be provided to the main project website.
3. DISSEMINATION PLAN

3.1. GENERIC GUIDELINES

The following is a generic set of guidelines for the dissemination events and materials:

- Intentions to perform any primary dissemination activity are generally required to follow the procedure described below; using the referenced tools (global mailing lists, WP lists, etc.).

- Partners should not initiate M-CARE dissemination activities on topics that fall outside of their involvement in the project.

- All publicly held activities should present their material in electronic form to the rest of the consortium.

3.2. APPROVAL PROCEDURE

It has been agreed that no partner will have to ask prior consent for any dissemination activity planned, but all partners are obliged to inform the consortium and the DM on any important planned dissemination activity (such as participation in a big conference etc.) prior to the dissemination activity.

Always mind the planned and approved budget allocated for the realisation of dissemination activities. In case of not planned activities or participation in events outside of the project partners’ countries requires approval by the Project Coordinator and consent by the EACEA’s Project Officer.

3.3. EVENTS PARTICIPATION

Once a partner receives information on an up-coming conference, workshop, etc., the concerned partner should inform the consortium of the upcoming event by
sends an email to the mailing list, only when the event could be relevant also to the other partners. The material presented by the participant should be reported in a Quarterly Dissemination Report that each partner must compile every four (4) months and send it to the Dissemination Manager.

3.4. **PRESENTATIONS**

Performing M-CARE related presentations in various events is a task that might be carried out by every partner, for own exploitation and publicity. The partner must comply with the following:

- The presentation should indicate the M-CARE logo.
- The presentation should identify the funding disclaimer of the project.
- The presentation has to be produced following the M-CARE presentation template.
- Presentations should conform to the EU rules for publications.
- A presentation template will be produced listing all of the above plus some standard slides to be inserted in all Consortium presentations of the project. Further information can be found in section 4.2.

3.5. **KEEPING THE WEBSITE UP-TO-DATE**

Consortium members are the main source of information and the ones responsible for adding content. The structure and configuration of the website is modified upon recommendation by partners, or as needed by the Website Administrator for facilitating navigation and access to information.
3.6. **CONFERENCES & WORKSHOPS**

Conferences and workshops on thematic areas relevant to the project will be carefully tracked down by all partners and upon availability the consortium will generate papers and presentations to be made to them.
4. DISSEMINATION MEANS AND MATERIALS

During the execution of the dissemination plan both traditional and innovative media are going to be used in order to maximize the impact and the visibility of the project.

4.1. PROJECT WEBSITE

A fully functional and user friendly web site (Fig 1) is being designed and will serve as a major dissemination tool (website address: [www.mcare-project.eu](http://www.mcare-project.eu)). The aim of the website is to promote the project’s objectives, provide information on the project’s progress, publish the results and showcase the work done by the partners. It will constitute the most versatile information and communication tool. On one side it will give the opportunity to provide information for a worldwide audience and on the other side it will enable a comprehensive provision of information as well as a platform for the internal communication and file repository of the project team. The website will include two areas with different access right:

1) A public one presenting information on the project, its objectives, its partners and expected results and

2) A private area (password and security tools protected) for the consortium to exchange documents (such as project minutes, meeting presentations, deliverables and internal reports).

The website will ensure the successful use of project results and non-confidential information to the widest possible audience (including immediate target groups and other relevant interested parties). The aim of the website is primarily to inform the general public about the M-CARE project and additionally to constitute a tool to communicate and to exchange information on the project between partners. The website will contain information relevant to the project, the field, the partners, news of the sector and will contain relevant links.
4.2. **PROJECT PRESENTATION TEMPLATE**

As a general overview about the project and its objectives, a presentation will be produced. The content of the presentation will describe the general objectives of the project, the participating organizations and will give an outlook on the intended functionality of the system. The presentation can be used by all partners as starting point and it can be enriched based on the needs of the partners and the dissemination event. Based on this material, a second presentation will be produced at the end of the project in order to present the final results.
4.3. PROJECT LOGO

The project logo has been designed and approved by all partners.

The project logo will be used in all future dissemination material in order to ensure that members of the target groups will get familiar with this logo and will directly link it M-CARE project. This logo can as well serve as product logo later in the post-project phase.
4.4. PROJECT LEAFLET

A project leaflet is being produced additionally in order to help effectively the dissemination activities and is translated in each partner’s language (English, Bulgarian, Turkish, Dutch, Greek, and German). It is a tri-fold brochure, providing general information about the project, its objectives, and expected results and about the consortium. The target will be the distribution of 1000 copies in each country and 1000 in English.

![Fig. 4: Main page of the English leaflet](image)

4.5. PROJECT ROLL-UP BANNER

A project roll-up banner is being produced in order to give an additional effective aid to the dissemination activities. The project’s roll-up contains the very basic information about the project. The banner emphasizes on the pan-European identity of the project and draws the attention of the stakeholders due to the expertise of the consortium. The target is to visualise the project during thematically related events. It was produced in 1 sample per partner.
4.6. NEWSLETTER

A short ‘to the point’ newsletter can keep the target audience informed of progress and continue to stimulate interest and increase participation. During the project six (6) newsletters will be prepared containing information about the work progress of the project. The partners will distribute each of them to the shareholders every four months. The information will be complimentary to the information and feedback that will be requested by them during the work programme.
Editorial

Welcome to the 1st edition of the M-Care Newsletter. M-Care stands for Mobile Training for Home and Health Caregivers For People with Disabilities and Older People” and is a project partially funded with support from the European Commission.

Via this newsletter we will update you on the project progress, the various project outcomes, forthcoming events and planned activities, future developments on the project, as well as guidelines how to benefit from M-Care achievements.

If you wish to contribute to the content of the newsletter you can send your materials to mcareproject@gmail.com. This newsletter will be issued on a 6-monthly basis.

About the project

M-Care started on 1st January 2014 and will finish at 31st December 2015. Its main idea is to provide practical oriented personal care giver (PCG) training.

Beneficiaries will be people with disabilities and older people who will receive high quality personal assistance, which will enable them to have more opportunities for independent living and a better quality of life. The project activities will be realized by an international partners consortium of organizations from Belgium, Bulgaria, Germany, Greece, and Turkey.

Fig. 6 M-CARE Newsletter
5. DISSEMINATION EVENTS

Three main types of activities can be identified, according to the aiming target group. Specifically:

- Dissemination events for professionals / practitioners
- Dissemination events for people with disabilities and older people
- Dissemination events for policy makers and other stakeholders

Dissemination events include, among others, the organization of Dissemination Seminars by the project’s partners with the participation of at least 15 participants. Each partner will be responsible of organizing National seminar/s in accordance with its foreseen budget with the aim to inform stakeholders and potential users on the results of the project. After each seminar, the results from the national dissemination seminar will be included in the Quarterly Dissemination Report of that period. The project’s partners are encouraged to organize more informal dissemination meetings with the target groups mentioned during the project for which additional reporting will be provided accordingly.

Project activities can be presented in conferences that are either organized by the project team or by third parties who are willing to host a presenter from the M-CARE project team. Conferences can be a very useful forum to consult with our target audiences in a face-to-face capacity and to address issues relevant to the work of our project.

One-to-one conversations and meetings proved to be very useful to target key people who will enhance the chances of success of our project.

Additionally, the final dissemination event will be the Final Conference in Brussels, Belgium where the results of the project will be presented in the wide
public. Keynote speakers will be invited to speak about issues relevant to the project. Details regarding dissemination will be included in the Final Conference proceedings. A minimum of 80 key European representatives from M-CARE’ targeted stakeholders are expected to attend.
6. DISSEMINATION REPORTING

6.1. PROJECT DISSEMINATION REPORT TEMPLATE

In order to keep track of all dissemination activities, a Quarterly Dissemination Report template (Annex I) is available for all partners. Every four (4) months each partner should fill a Quarterly Dissemination Report including a detailed description of every Dissemination Activity that took place during that period and send it to the Dissemination Manager. Each partner must collect evidence such as screen shots, photos, list of participants (compulsory if the costs are covered by the project), agenda, info-packs etc. duly indicated in English description and reference number included in the template. In this way, M-CARE will keep track of the effectiveness of dissemination and of all parties reached via the project.

6.2. PROGRESS AND FINAL DISSEMINATION REPORT

After every 12 months the M-CARE consortium is obliged to submit a Dissemination Report to the EACEA describing all the dissemination activities of the project realized in the previous period. These reports will be prepared by the Dissemination Manager after receiving all relevant information and evidences from the other partners in the requested format. The Quarterly Dissemination Reports will form the basis of the preparation of the Progress and Final Dissemination Reports.
7. CONCLUSIONS

The dissemination strategy and plan aims to capture and schedule all dissemination relating activities of the project which will support the widening of the user-base and will increase public awareness of the new possibilities that are arising from the M-CARE products.

The dissemination planning assists M-CARE project partners by defining communication goals, objectives and strategies with specified dissemination events to participate and dissemination activities to perform. The overall aim is to obtain a reputation that is consistent with the objectives of the M-CARE project.

Concluding, all the partners as a consortium and each one of them individually must bear in mind that they should try to disseminate the project in any relevant public presence (like conferences, seminars, meetings, etc.) using the materials and means described in this document.
# Annex I. Dissemination reporting template

<table>
<thead>
<tr>
<th>Activities</th>
<th>Please specify if necessary (short description, names, titles, web-addresses etc.)</th>
<th>Date(s)</th>
<th>Duration</th>
<th>Frequency</th>
<th>Place</th>
<th>Level*</th>
<th>Characteristics of Target Group</th>
<th>Size / number of organisations / persons reached (approximately)</th>
<th>Kind of documentation available</th>
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<td>a) Inside your organisation</td>
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* L = local; R = regional; N = national; E = EU; O = Outside EU

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"M-CARE: Mobile Training for Home and Health Caregiver For People with Disabilities and Older People"
Guideline:

- Please fit in a new row if you have several activities in the same field!
- Be realistic because your information will be the basis to build up the project’s dissemination strategy!
- Contact us whenever you have any questions!

Thank you for your cooperation!

Contact us:
interprojectsbg@gmail.com

Annex II. Stakeholders list

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