

Partnership Training Agenda

Date: [Insert Date]

Location: [Insert Location]

Participants: [List Participants]

Agenda

1. **Welcome and Introductions**
 - Time: [Insert Time]
 - Facilitator: [Insert Name]
2. **Overview of Partnership Goals**
 - Time: [Insert Time]
 - Facilitator: [Insert Name]
3. **Training Session 1: Effective Communication**
 - Time: [Insert Time]
 - Facilitator: [Insert Name]
4. **Break**
 - Time: [Insert Time]
5. **Training Session 2: Collaboration Techniques**
 - Time: [Insert Time]
 - Facilitator: [Insert Name]
6. **Action Planning**
 - Time: [Insert Time]
 - Facilitator: [Insert Name]
7. **Closing Remarks**
 - Time: [Insert Time]
 - Facilitator: [Insert Name]

Contact Information

For any inquiries, please contact:

Name: [Insert Name]

Email: [Insert Email]