**COMPETITIVE BENCHMARKING PROCESS**

*(To be completed by the benchmarking visit requestor)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please, complete this form and sent it to **E-mail:** **referenciacion@fvl.org.co** | **Date of request** |  |  |  |
| ***dd*** | ***mm*** | ***yyyy*** |

|  |
| --- |
| **1. CONTACT DATA** |

|  |  |
| --- | --- |
| **Institution:**  | **Address:**  |
| **Telephone:** | **Website:**  |
| **Level of complexity:** | **Number of beds:** |
| **Requestor:**  | **Title:**  |
| **City:**  | **E-mail:**  |

|  |
| --- |
| **2. COMPETITIVE BENCHMARKING PURPOSE** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **3. PROCESS(ES) ADDRESSED IN THE BENCHMARKING PROCESS** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **4. QUESTIONS - KEY TOPICS FOR THE BENCHMARKING PROCESS** (Please, list the most relevant questions related to the benchmarking process) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Questions** | **FVL recipient** | **Place/ Time** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

|  |
| --- |
| **5. TEAM PARTICIPATING IN THE BENCHMARKING PROCESSS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name(s)** | **ID No.** | **Title** | **E-mail** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |

|  |
| --- |
| **6. EXPECTED DATES FOR THE BENCHMARKING PROCESS:** |

|  |
| --- |
| For attendance: |
| Fro information reception: |

|  |
| --- |
| **7. EXPECTED CHANNEL FOR THE BENCHMARKING PROCESS** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In-person****(visit)** | [ ]  | **Virtual**  | [ ]  | **Other, please specify** |  |

|  |
| --- |
| **8. SPACE TO BE COMPLETED BY FUNDACIÓN VALLE DEL LILI** |

|  |
| --- |
| **Name:** |
| **Title:** |
| **Approved by** |

|  |
| --- |
| **9. VISIT RESULTS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Benchmarking Date (dd/mm/yyyy)** | **Responsible person(s) for the benchmarking process** | **Department / Title** | **Signature** |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |