

Education and Culture DG

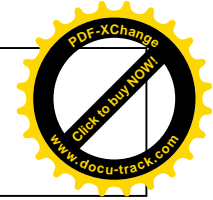
Lifelong Learning Programme

# Application Form

Call: 2012

Partnerships

Form version: 3.4 / Adobe Reader version: 10.101



## A. GENERAL INFORMATION

Before completing this application form, please read the relevant sections in the 2012 Call for Proposals published by the European Commission and by your National Agency and the Lifelong Learning Programme Guide for 2012 which contain additional information e.g. the specific priorities for that year. Links to these documents and further information can be found on the Lifelong Learning Programme website:

[http://ec.europa.eu/education/llp/doc848\\_en.htm](http://ec.europa.eu/education/llp/doc848_en.htm)

and on your National Agency website, whose address is available upon selecting the National Agency in section C.

In accordance with standard European Commission practice, the information provided in your application form may be used by the Commission to evaluate the Lifelong Learning Programme. The relevant data protection regulations will be respected.

## B. SUBMISSION

### B.1. CONTEXT

Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	
Action type	PARTNERSHIPS
Action	
Deadline	21-02-2012
Working language of the partnership	

### B.2. PROJECT IDENTIFIERS

Project title	
Project acronym	
Form hash code	 60A6A9E8EC699068

### B.3. NATIONAL AGENCIES

The information about the National Agencies will appear in this section once they are selected in section C.

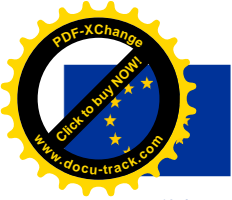
#### B.3.1. NATIONAL AGENCY OF PARTNER 1

Identification	
Postal address	
Email address	
Helpdesk	
Website	

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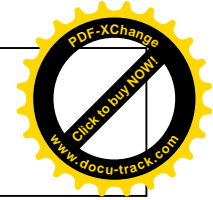
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### B.3.2. NATIONAL AGENCY OF PARTNER 2

Identification

Postal address

Email address

Helpdesk

Website

### B.3.3. NATIONAL AGENCY OF PARTNER 3

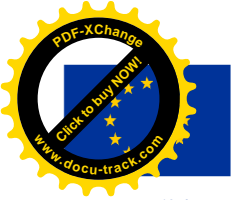
Identification

Postal address

Email address

Helpdesk

Website



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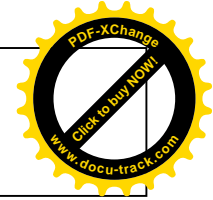
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### C. APPLICANT ORGANISATIONS

#### C.1. COORDINATOR (CO)

Partner nr

1

##### C.1.1. ORGANISATION

National Agency identification

Organisation full legal name (national language)

Organisation full legal name (latin characters)

National id (if applicable)

Type of organisation

Commercial orientation

Scope

Legal status

Economic sector

Size (staff)

Size (pupils/learners/trainees)

Legal address

Postal code

City

Country

Region

Telephone 1

Telephone 2

Fax

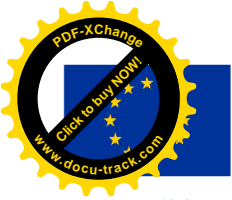
Email

Website

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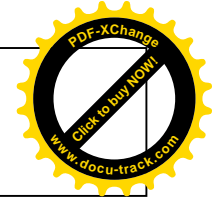
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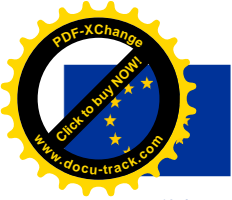
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### C.1.2. CONTACT PERSON OF PARTNER NO. 1

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First name	<input type="text"/>
Family name	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
<input checked="" type="checkbox"/> Same address as the organisation	
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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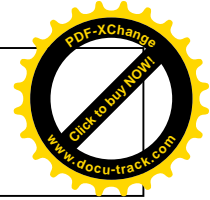
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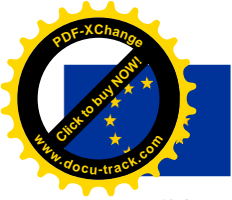
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### C.1.3. LEGAL REPRESENTATIVE OF PARTNER NO. 1

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Organisation	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
<input checked="" type="checkbox"/> Same address as the organisation	
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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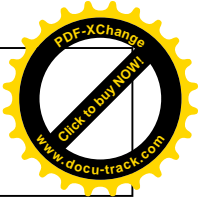
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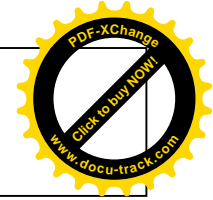
### C.1.4. DESCRIPTION OF PARTNER NO. 1

Description of organisation, role in the project and general and specific social context as for example: being in a disadvantaged area, having participants with specific needs (e.g. participants at risk of social exclusion, migrants, refugees).

### C.1.5. PREVIOUS PROJECTS OF PARTNER NO. 1

Does the organisation already have experience of participation in the Partnerships action under the current Lifelong Learning Programme or the former Socrates Programme?

Is the organisation's involvement in this partnership application the result of:



## C.2. PARTNER (PA)

Partner nr

2

### C.2.1. ORGANISATION

National Agency identification

Organisation full legal name (national language)

Organisation full legal name (latin characters)

National id (if applicable)

Type of organisation

Commercial orientation

Scope

Legal status

Economic sector

Size (staff)

Size (pupils/learners/trainees)

Legal address

Postal code

City

Country

Region

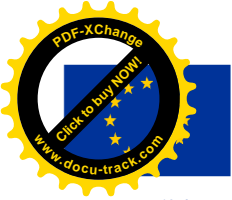
Telephone 1

Telephone 2

Fax

Email

Website



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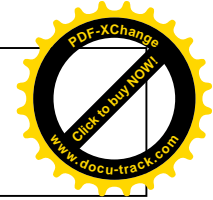
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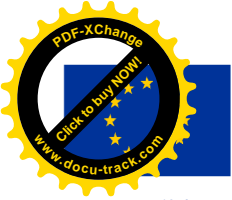
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### C.2.2. CONTACT PERSON OF PARTNER NO. 2

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
<input checked="" type="checkbox"/> Same address as the organisation	
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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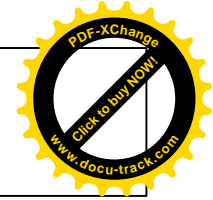
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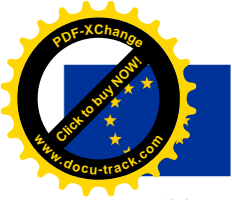
### C.2.3. LEGAL REPRESENTATIVE OF PARTNER NO. 2

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Organisation	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
<input checked="" type="checkbox"/> Same address as the organisation	
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

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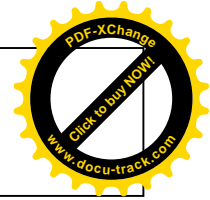
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### C.2.4. DESCRIPTION OF PARTNER NO. 2

Description of organisation, role in the project and general and specific social context as for example: being in a disadvantaged area, having participants with specific needs (e.g. participants at risk of social exclusion, migrants, refugees).

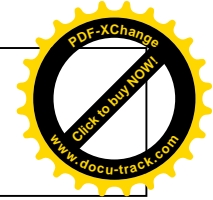
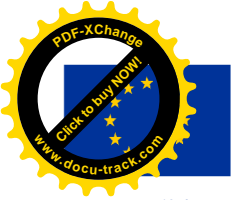
### C.2.5. PREVIOUS PROJECTS OF PARTNER NO. 2

Does the organisation already have experience of participation in the Partnerships action under the current Lifelong Learning Programme or the former Socrates Programme?

Is the organisation's involvement in this partnership application the result of:

### C.2.6. COORDINATION TAKE OVER OF PARTNER NO. 2

Does the institution volunteer to take over the coordination of the partnership in case the application of the nominated coordinator is rejected in the selection procedure? Replacement coordinators will, if needed, be taken in the order in which they appear in this form.



### C.3. PARTNER (PA)

Partner nr

3

#### C.3.1. ORGANISATION

National Agency identification

Organisation full legal name (national language)

Organisation full legal name (latin characters)

National id (if applicable)

Type of organisation

Commercial orientation

Scope

Legal status

Economic sector

Size (staff)

Size (pupils/learners/trainees)

Legal address

Postal code

City

Country

Region

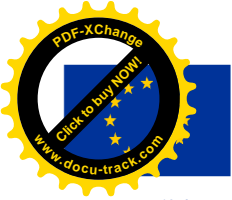
Telephone 1

Telephone 2

Fax

Email

Website



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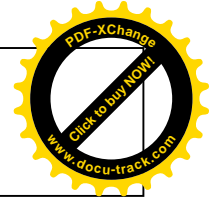
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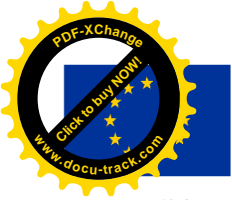
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**C.3.2. CONTACT PERSON OF PARTNER NO. 3**

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
<input checked="" type="checkbox"/> Same address as the organisation	
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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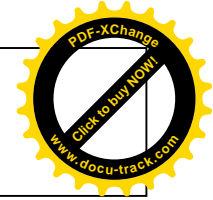
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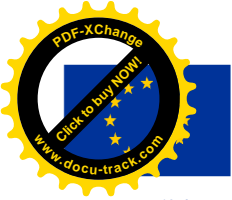
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### C.3.3. LEGAL REPRESENTATIVE OF PARTNER NO. 3

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Organisation	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
<input checked="" type="checkbox"/> Same address as the organisation	
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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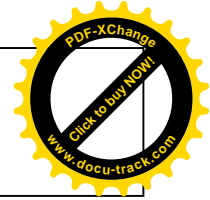
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### C.3.4. DESCRIPTION OF PARTNER NO. 3

Description of organisation, role in the project and general and specific social context as for example: being in a disadvantaged area, having participants with specific needs (e.g. participants at risk of social exclusion, migrants, refugees).

### C.3.5. PREVIOUS PROJECTS OF PARTNER NO. 3

Does the organisation already have experience of participation in the Partnerships action under the current Lifelong Learning Programme or the former Socrates Programme?

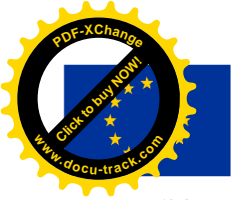
Is the organisation's involvement in this partnership application the result of:

### C.3.6. COORDINATION TAKE OVER OF PARTNER NO. 3

Does the institution volunteer to take over the coordination of the partnership in case the application of the nominated coordinator is rejected in the selection procedure? Replacement coordinators will, if needed, be taken in the order in which they appear in this form.

ADD PARTNER

DELETE LAST PARTNER



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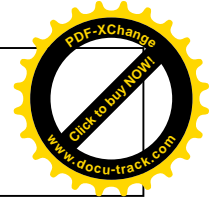
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### D. PROJECT DESCRIPTION

Please note that this section must be completed jointly by all institutions participating in the Partnership and must be identical in each copy submitted to each National Agency.

#### D.1. SUMMARY

Summary of the planned partnership in the communication language of the project. This description may be used by the European Commission and/or the National Agency when providing information on selected projects, so please be clear and precise.

Translation of Summary into English

#### D.2. RATIONALE

Please describe the motivation for this project and why this project is needed.

#### D.3. PROJECT OBJECTIVES AND STRATEGY

- What are the concrete objectives of the partnership?
- Explain what subjects or problems you intend to address.
- What approach will you take to achieve your objectives?

#### D.4. RESULTS AND OUTCOMES

Please fill the following table with the expected results, including products if relevant.

No.	Approx. date	Description
1		

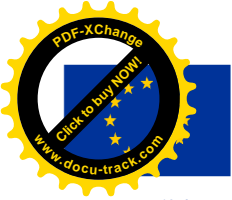
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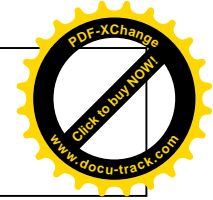
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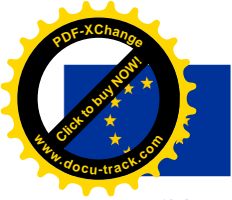


## D.5. EUROPEAN ADDED VALUE

What is the added value of your project towards a more intensive European cooperation?

## D.6. IMPACT

What impact do you expect partnership activities to have on persons (pupils/learners/trainees and staff) and on the participating institutions?



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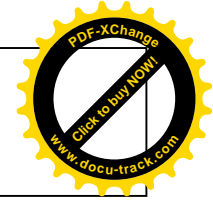
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## E. PROJECT MAIN FOCUS

### E.1. TOPICS

Please list the main thematic area(s) of your partnership (max. 3) or complete under "other" if it is missing from the list.

Other

### E.2. EDUCATIONAL/TRAINING FIELDS

Please list the main educational and/or training field(s) (max. 3) in which partnership activities will be implemented.

Other

### E.3. KEY COMPETENCES

Please enter the key competences addressed by your project.



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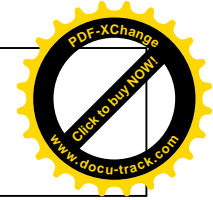
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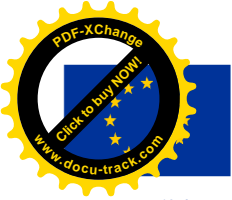
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## E.4. HORIZONTAL ISSUES

Please enter the horizontal issues addressed by your project.

- Promoting an awareness of the importance of cultural and linguistic diversity within Europe, as well as of the need to combat racism, prejudice and xenophobia (Div)
- Cultural and linguistic diversity (CulDiv)
- Fight against racism and xenophobia (RacXen)
- Making provision for learners with special needs, and in particular by helping to promote their integration into mainstream education and training (SpecNeed)
- Promoting equality between men and women and contributing to combating all forms of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation (Discr)
- Equal opportunities men and women (Equal)
- Sexual discrimination, orientation (SexDis)
- Racial or ethnic origin (RacEth)
- Age (Age)



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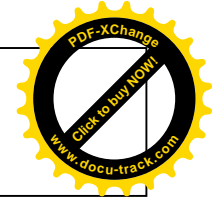
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## F. PROJECT IMPLEMENTATION

### F.1. DISTRIBUTION OF TASKS

Please explain the distribution of tasks between participating institutions and the competences required from each of them. Also explain how you will ensure the active involvement of all partners in common partnership activities.

### F.2. COOPERATION AND COMMUNICATION

Please explain how effective cooperation and communication between participating institutions will be organised.

### F.3. PARTICIPANTS' INVOLVEMENT

If your partnership focuses mainly on pupil/learner/trainee involvement, please explain to what extent they will be involved in the planning, implementation and evaluation of project activities.

And/or

If your partnership mainly deals with pedagogical or management issues, please explain how all relevant staff will be actively involved in planning, implementation and evaluation of project activities.

### F.4. INTEGRATION INTO ONGOING ACTIVITIES

If your partnership focuses mainly on learner involvement, please explain how the project will be integrated into the learning activities of the participating learner in each of the participating organisations.

And/or

If your partnership mainly deals with pedagogical or management issues, please explain how the project will be integrated into the ongoing activities of the participating organisations.



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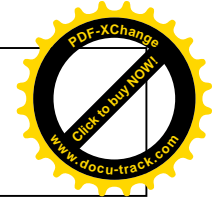
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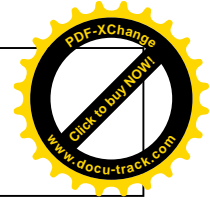
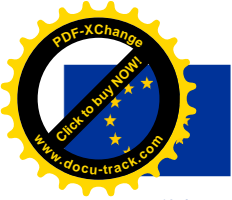
## F.5. EVALUATION

How will you evaluate, during and after the partnership, whether the aims of the partnership have been met and the expected impact has been achieved?

## F.6. DISSEMINATION AND THE USE OF RESULTS

How will you disseminate and use the results, experiences and, where applicable, products of the partnership?

- in the participating organisations?
- in the local communities?
- in the wider lifelong learning community?

**G. PARTICIPANTS AND ACTIVITIES****G.1. PARTICIPANTS**

Please enter the details about the number of participants involved (persons taking part in Partnership activities, both local activities and/or mobility) in the partnership in each of the participating organisations.

No.	Participating organisation	Total number of pupils/ learners/trainees A	Number of teachers/ trainers/staff B	Total of participants A + B
1				0
2				0
3				0

**G.2. WORK PROGRAMME**

Please summarise in the table below the planned Partnership activities and mobilities for all institutions in the Partnership. Please present the activities for the 2-year lifetime of the partnership both academic years 2012/13 and 2013/14, in a chronological order. The eligibility period of activities starts on 1 August 2012 and ends on 31 July 2014.

Please note that mobility activities can only take place between organisations receiving funding to participate in the Partnership, or to events organised by Lifelong Learning (or predecessor) Programme projects or networks. Mobility can be undertaken by staff and pupils/learners/trainees of the participating institutions and - in the case of mobility involving persons with special needs - accompanying persons such as parents, guardians or carers. What is counted as "a mobility" is one trip abroad by one person. Only transnational mobility (i.e. travel abroad) counts for the calculation of the minimum mobility numbers.

Please note: if an institution's mobility activities involve staff or pupils/learners/trainees with special needs, or travel to or from the Overseas Countries and Territories, its mobility activities during the partnership period may be reduced by up to 50% of the minimum mobility number for the grant amount in question, in order to take into account the higher costs involved. This reduction must be requested by the institution either before the signature of the grant agreement or during the grant agreement period and approved by the National Agency.

No.	Description of mobilities and other activities	Destination country (for mobilities only)	Approx. start date	Partners involved	
1					-

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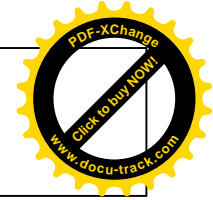
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## H. REQUESTED EU FUNDING

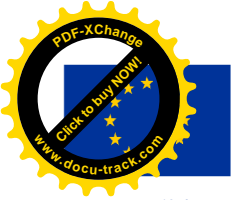
Funding requested and estimated number of persons participating in mobility (per participating organisation)

For each of the participating organisations, please select the "Partnership type" that best corresponds to your partnership work plan for the whole 2 year duration. Please note that each type is linked to a minimum number of mobilities to be carried out during the grant agreement period – these minimum numbers have to be respected when entering the numbers of planned pupil/learner/trainee and staff mobility into the table. The grant amounts for each Partnership type are defined at national level and they can vary from one country to another. Please make sure that, for each of the participating institutions, you have selected the grant amounts applicable in the country and for the programme in question.

Please note: if an institution's mobility activities involve staff or pupils/learners/trainees with special needs, or travel to or from the Overseas Countries and Territories, its mobility activities during the partnership period may be reduced by up to 50% of the minimum mobility number for the grant amount in question, in order to take into account the higher costs involved. This reduction must be requested by the institution either before the signature of the grant agreement or during the grant agreement period and approved by the National Agency.

No.	Participating organisation	National Agency of the organisation	Partnership type	No. of planned outgoing mobilities (pupils/learners/trainees)	No. of planned outgoing mobilities (staff - including accompanying persons)	Total no. of planned outgoing mobilities	Grant amount requested (€)
1						0	
2						0	
3						0	

Calculate



Education and Culture DG

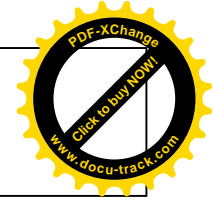
Lifelong Learning Programme

Application Form

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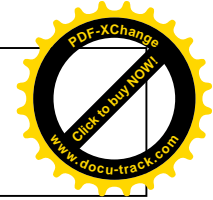
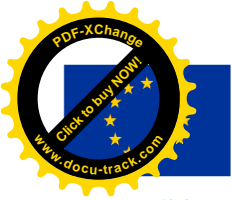


## I. CHECKLIST

Before sending in your application form to the National Agency, please make sure that it fulfils the requirements listed below.

- The application form fulfils all the eligibility criteria for this activity as set out in the Call for Proposals.
- The application form fulfils the application procedures and has been submitted respecting the closing dates set out in the Call for Proposals.
- The form has been completed jointly by the whole partnership and all partners have received a copy.
- All relevant fields in the form have been completed in full.
- The Work Programme contains planned mobility activities of each institution in the partnership and the requested EU funding table contains grant requests in euro for each partner.
- The form has been completed using one of the official languages of the EU.
- The partnership consists of organisations located in at least three of the countries participating in the Lifelong Learning Programme. The eligible countries are the 27 Member States of the European Union, Norway, Liechtenstein, Iceland, Turkey, Croatia and Switzerland.
- At least one participating organisation is located in a Member State of the European Union at the starting date of the partnership.
- Each participating organisation has checked with the National Agency in its country that it is eligible to participate in a Comenius/Leonardo/Grundtvig Partnership.
- The copy submitted to each National Agency bears the original signature of the person authorised to enter into legally binding commitments on behalf of the applicant organisation concerned (or a person duly authorised by the legal representative) as well as the original stamp of this institution (if applicable).
- Each participating organisation has fulfilled its contractual obligations in relation to any earlier grants received from the National Agencies concerned.
- Each participating organisation has checked with its National Agency whether there are any national eligibility criteria and/or national priorities and whether the National Agency requires any additional information to be submitted in support of the application.

Please note: It is strongly recommended to indicate in the partnership application which of the partners volunteer to act as replacement coordinators, should the original coordinator be rejected in the selection procedure. Please tick the relevant box for each partner who wishes to volunteer - if needed, replacement coordinators will be taken in the order they appear in the form. Please indicate as many replacement coordinators as possible.



## J. DATA PROTECTION NOTICE

### PROTECTION OF PERSONAL DATA

The grant application will be processed by computer. All personal data (such as names, addresses, CVs, etc.) will be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Information provided by the applicants necessary in order to assess their grant application will be processed solely for that purpose by the department responsible for the programme concerned. On the applicant's request, personal data may be sent to the applicant to be corrected or completed. Any question relating to these data, should be addressed to the appropriate Agency to which the form must be submitted. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at anytime.

<http://www.edps.europa.eu/>

## K. DECLARATION OF HONOUR

To be signed by the person legally authorised to enter into legally binding commitments on behalf of the applicant organisation.

I, the undersigned,

Request from my National Agency a grant for my organisation as set out in section BUDGET of this application form.

Declare that:

- All information contained in this application, is correct to the best of my knowledge.
- The organisation I represent has the adequate legal capacity to participate in the call for proposals.

EITHER

The organisation I represent has financial and operational capacity to complete the proposed action or work programme

OR

The organisation I represent is considered to be a "public body" in the terms defined within the Call and can provide proof, if requested of this status, namely: It provides learning opportunities and

- Either (a) at least 50% of its annual revenues over the last two years have been received from public sources;
- Or (b) it is controlled by public bodies or their representatives
- I have taken note that identical or similar applications will be subject to a specific assessment in order to exclude the risk of double funding and that the Commission and the National Agencies reserve the right not to fund identical or similar applications

I am authorised by my organisation to sign Community grant agreements on its behalf.

Certify that:

The organisation I represent:

- is not bankrupt, being wound up, or having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, nor is it in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- has not been convicted of an offence concerning its professional conduct by a judgment which has the force of 'res judicata';
- has not been guilty of grave professional misconduct proven by any means which the National Agency can justify;
- has fulfilled its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established or those of the country where the grant agreement is to be performed;
- has not been the subject of a judgment which has the force of 'res judicata' for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;
- it is not currently subject to an administrative penalty referred to in Article 96(1) of the Financial Regulation (Council Regulation 1605/2002 of 25/06/02, as amended).

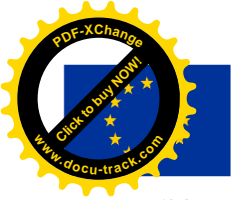
Acknowledge that:

The organisation I represent will not be awarded a grant if it finds itself, at the time of the grant award procedure, in contradiction with any of the statements certified above, or in the following situations:

- subject to a conflict of interest (for family, personal or political reason or through national, economic or any other interest shared with an organisation or an individual directly or indirectly involved in the grant award procedure);
- guilty of misrepresentation in supplying the information required by the National Agency as a condition of participation in the grant award procedure or has failed to supply this information.

In the event of this application being approved, the National Agency has the right to publish the name and address of this organisation, the subject of the grant and the amount awarded and the rate of funding.

I acknowledge that administrative and financial penalties may be imposed on the organisation I represent if it is guilty of misrepresentation or is found to have seriously failed to meet its contractual obligations under a previous contract or grant award procedure.



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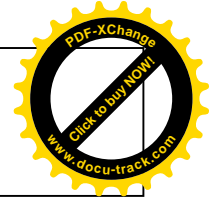
Lifelong Learning Programme

## Application Form

Call: 2012

Partnerships

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### L. SIGNATURE

#### SIGNATURE

I, the undersigned, certify that the information contained in this Application Form is correct to the best of my knowledge.

Institution (Full legal name): \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

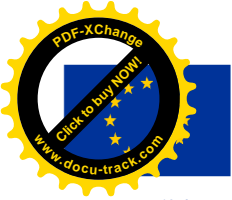
Position: \_\_\_\_\_

Name of the applicant organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

National ID number of the signing person (if requested by the NA): \_\_\_\_\_

Stamp (if applicable): \_\_\_\_\_



Education and Culture DG

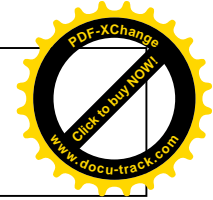
Lifelong Learning Programme

## Application Form

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### M. SUBMISSION

Before submitting the form electronically, please validate it. Please note that only the final version of your form should be submitted electronically.

#### M.1. DATA VALIDATION

Validation of compulsory fields and rules

#### M.2. SUBMISSION SUMMARY

This table provides additional information (log) of all form submission attempts, particularly useful for the National Agencies in case of multiple form submissions.

Number	Time	Event	Form hash code	Status
1	2012-01-06 11:02:26 *	Form has not been submitted yet	60A6A9E8EC699068	Unknown

\* means local PC time, which is not trusted and cannot be used for claiming that the form has been submitted in time

#### M.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

#### M.4. ALTERNATIVE SUBMISSION PROCEDURE

Creates a file to be sent by email to the National Agency

(To be used ONLY if online submission is not available. Please see instructions about this procedure in the "Applicant Guide")

Form hash code 60A6A9E8EC699068

This form has not been submitted.

EN