



A. General Information

WARNING!

FOR ALL APPLICANTS (EXCEPT APPLICANTS, APPLYING TO THE SERBIAN NATIONAL AGENCY)

PLEASE BE AWARE THAT ALTHOUGH SERBIA APPEARS ON THE LIST OF POSSIBLE DESTINATION COUNTRIES, IT IS NOT AN ELIGIBLE DESTINATION UNDER THIS ACTION.

This application form consists of the following main sections:

- Context: this section asks for general information about the type of project proposal you want to submit and about the Agency that will receive, assess and select your proposal;
- Participating organisation(s): this section asks for information about the applicant organisation and - if relevant - about any other organisation involved as partners in the project;
- Description of the project: this section asks for information about all the stages of the project: preparation, implementation of main activities (meaning the Mobility activities) and follow-up;
- Budget: in this section you will be asked to give information about the amount of the EU grant you request;
- Check List/Data Protection Notice/Declaration of Honour: in these sections, the applicant is made aware of important conditions linked to the submission of the grant request;
- Annexes: in this section, the applicant needs to attach additional documents that are mandatory for the completion of the application.
- Submission: in this section, the applicant will be able to confirm the information provided and to submit the form online.

For more information on how to fill in this application form, you can read the Technical Guidelines for e-Forms.

For more information on the award criteria according to which the quality assessment of this application will be done please refer to the Programme Guide.

B. Context

Programme	Erasmus+
Key Action	Learning Mobility of Individuals
Action	Mobility of learners and staff
Action Type	School education staff mobility
Call	2018
Round	Round 1
Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time)	01-02-2018 12:00:00
Language used to fill in the form	

B.1. Project Identification

Project Title	
Project Title in English	
Project Start Date (dd-mm-yyyy)	



Project Total Duration (Months)

Project End Date (dd-mm-yyyy)

Applicant Organisation Full Legal Name (Latin characters)

Form hash code



542621565DBE19CA

B.2. National Agency of the Applicant Organisation

Identification

For further details about the available Erasmus+ National Agencies, please consult the following page:

<https://ec.europa.eu/programmes/erasmus-plus/contact>

Sample



C. Participating organisation(s)

C.1. Applicant Organisation

PIC	<input type="text"/>
Full legal name (National Language)	<input type="text"/>
Full legal name (Latin characters)	<input type="text"/>
Acronym	<input type="text"/>
National ID (if applicable)	<input type="text"/>
Department (if applicable)	<input type="text"/>
Address	<input type="text"/>
Country	<input type="text"/>
P.O. Box	<input type="text"/>
Post Code	<input type="text"/>
CEDEX	<input type="text"/>
City	<input type="text"/>
Website	<input type="text"/>
Email	<input type="text"/>
Telephone 1	<input type="text"/>
Fax	<input type="text"/>

Sample

C.1.1. Profile

Type of Organisation	<input type="text"/>
Is your organisation a public body?	<input type="text"/>
Is your organisation a non-profit?	<input type="text"/>
Total number of staff	<input type="text"/>
Total number of learners	<input type="text"/>

C.1.2. Consortium

Are you applying on behalf of a mobility consortium?



C.1.3. Background and Experience

Please briefly present your organisation.

[Redacted text box for organisation presentation]

What are the activities and experience of your organisation in the areas relevant for this application?

[Redacted text box for activities and experience]

Please give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project.

[Redacted text box for key staff information]

Have you applied for/received a grant from any European Union programme in the 12 months preceding this application?

[Redacted text box for grant application status]

C.1.4. Legal Representative

Title

Gender

First Name

Family Name

Department

Position

Email

Telephone 1

If the address is different from the one of the organisation, please tick this box

C.1.5. Contact Person

Title

Gender



First Name

Family Name

Department

Position

Email

Telephone 1

If the address is different from the one of the organisation, please tick this box

If your project includes job shadowing or teaching assignment at a partner organisation abroad, you may click the button below to add information about the partner organisation(s).

Sample



C.2. Partner Organisation

PIC	<input type="text"/>
Full legal name (National Language)	<input type="text"/>
Full legal name (Latin characters)	<input type="text"/>
Acronym	<input type="text"/>
National ID (if applicable)	<input type="text"/>
Department (if applicable)	<input type="text"/>
Address	<input type="text"/>
Country	<input type="text"/>
P.O. Box	<input type="text"/>
Post Code	<input type="text"/>
CEDEX	<input type="text"/>
City	<input type="text"/>
Website	<input type="text"/>
Email	<input type="text"/>
Telephone 1	<input type="text"/>
Fax	<input type="text"/>

Sample

C.2.1. Profile

Type of Organisation	<input type="text"/>
Is the partner organisation a public body?	<input type="text"/>
Is the partner organisation a non-profit?	<input type="text"/>
Total number of staff	<input type="text"/>
Total number of learners	<input type="text"/>

C.2.2. Background and Experience

Please briefly present the partner organisation.

Form hash code: 542621565DBE19CA



Please briefly give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project.

[Redacted area for key staff information]

C.2.3. Legal Representative

Title	[Yellow box]
Gender	[Red box]
First Name	[Red box]
Family Name	[Red box]
Department	[Yellow box]
Position	[Red box]
Email	[Red box]
Telephone 1	[Red box]

If the address is different from the one of the organisation, please tick this box

C.2.4. Contact Person

Title	[Yellow box]
Gender	[Red box]
First Name	[Red box]
Family Name	[Red box]
Department	[Yellow box]
Position	[Red box]
Email	[Red box]
Telephone 1	[Red box]

If the address is different from the one of the organisation, please tick this box



D. European Development Plan

What are the organisation's needs in terms of quality development and internationalisation? Please identify the main areas for improvement (for example management competences, staff competences, new teaching methods or tools, European dimension, language competences, curriculum, the organisation of teaching and learning).

Please outline the organisation's plans for European mobility and cooperation activities, and explain how these activities will contribute to meeting the identified needs.

Please explain how your organisation will integrate the competences and experiences acquired by staff participating in the project, into its strategic development in the future?

Will your organisation use one of the following tools in connection with your mobility project?

a) eTwinning

www.etwinning.net

b) The School Education Gateway (SEG)

www.schooleducationgateway.eu

c) EPAL (e-Platform for Adult Learning in Europe)

<http://ec.europa.eu/epale/>



E. Description of the Project

Why do you want to carry out this project? What are its objectives?

How did you choose your hosting partners? If you have not yet defined all of your partners, please explain how you are going to find suitable hosting organisations for the mobilities you plan to organise. Please refer to any existing contacts or partnerships that will enable you to successfully find hosts in other countries.

What are the most relevant topics addressed by your project?

Sample



F. Participants' Profile

Please describe for each planned activity the background and needs of the participants involved and how these participants have been or will be selected. If there are participants with fewer opportunities please give information about their profile/background.

F.1. Learning Outcomes

Which learning outcomes or competences (i.e. knowledge, skills and attitudes/behaviours) are to be acquired/improved by participants in each planned activity of your project?

The Erasmus+ Programme promotes the use of instruments/certificates like Europass, ECVET and Youthpass to validate the competences acquired by the participants during their experiences abroad. Will your project make use of such European instruments/certificates? If so, which ones?

Are you planning to use any national instrument/certificate? If so, which one?

How will you use the European/national instrument(s)/certificate(s) selected?



G. Preparation

Please describe for each planned activity what will be done in preparation, by your organisation and, if relevant, by your partners and/or consortium members before the main activities take place.

G.1. Practical Arrangements

How will the practical and logistic matters of each planned activity be addressed (e.g. travel, accommodation, insurance, safety and protection of participants, visa, social security, mentoring and support, preparatory meetings with partners etc.)?

G.2. Project Management

How will you address quality and management issues (e.g. setting up of agreements with partners, learning agreements with participants, etc.)?

G.3. Preparation of Participants

Which kind of preparation will be offered to participants (e.g. task-related, intercultural, linguistic, risk-prevention etc.)? Who will provide such preparatory activities?

Sample



H. Main Activities

Please outline chronologically and explain the objectives and content of the activities you are planning. If relevant, please describe the role of each project partner and/or consortium members in the activities.

If applicable, how do you intend to cooperate and communicate with your project partners and/or consortium members and other relevant stakeholders?

How will the participants be monitored during their training placement? Who will monitor their work programme and progress?

If applicable, please explain the need for accompanying persons.

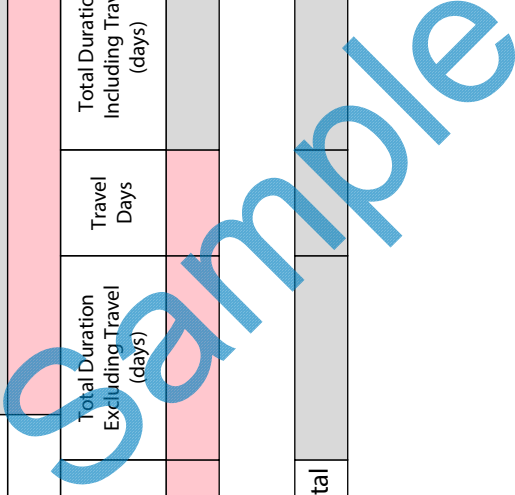
Sample



H.1. Activities' Details

Please enter the different mobility activities you intend to implement in your project.

Activity No.										A1
Activity Type										
Flow No.	Country of Origin	Country of Destination	Distance Band	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	No. of Participants	Participants with Special Needs (out of total number of Participants)	Accompanying Persons (out of total number of Participants)	No. of Non-Teaching Staff (out of total number of Participants)
1										
Total										





I. Follow-up

Please describe what will happen after the end of your main activities.

I.1. Impact

What is the expected impact on the participants, participating organisation(s) and target groups?

I.2. Dissemination of projects' results

Which activities will you carry out in order to share the results of your project outside your organisation/consortium and partners?
What will be the target groups of your dissemination activities?

I.3. Evaluation

Which activities will you carry out in order to assess whether, and to what extent, your project has reached its objectives and results?

Sample



J. Budget

For further information please consult the Programme Guide for the overview of funding rules. Please note that all amounts must be expressed in Euros.

J.1. Travel

Activity No.	Activity Type	Flow No.	Country of Origin	Country of Destination	Distance Band	Travel Grant per Participant	No. of Participants (including accompanying persons)	Total Travel Grant Requested
A1		1						
							Total	

J.2. Individual Support

Activity No.	Activity Type	Flow No.	Country of Destination	Participants (Excluding Accompanying Persons)		Accompanying Persons		Total Grant Requested
				Duration per Participant (days)	No. of Participants (Excluding Accompanying Persons)	Duration per Accompanying Person (days)	No. of Accompanying Persons	
							Total	

J.3. Organisational Support

No. of Participants (excluding accompanying persons)	Total Grant Requested

J.4. Course Fees

Activity No.	Activity Type	Duration (days)	No. of Participants	Grant per Participant/Day	Total Grant Requested



Activity No.	Activity Type	Duration (days)	No. of Participants	Grant per Participant/Day	Total Grant Requested
Total					

J.5. Special needs' Support

Activity No.	Activity Type	No. of Participants With Special Needs	Description of Costs	Total Grant Requested
Total				

J.6. Exceptional Costs

Activity No.	Activity Type	No. of Participants	Description of Costs	Total Grant Requested
Total				

Please provide any further comments you may have concerning the above entered budget.



K. Project Summary

Please provide a short summary of your project. Please recall that this section [or part of it] may be used by the European Commission, Executive Agency or National Agencies in their publications. It will also feed the Erasmus+ Project Results Platform.

Be concise and clear and mention at least the following elements: context/background of project; objectives of your project; number and profile of participants; description of activities; methodology to be used in carrying out the project; a short description of the results and impact envisaged and finally the potential longer term benefits. The summary will be publicly available in case your project is awarded.

Sample

Please provide a translation in English. This summary will be publicly available in case your project is awarded.

Sample



K.1. Summary of participating organisations

Name of the Organisation	Country of the Organisation	Type of Organisation
Total number of participating organisations excluding consortium members where applicable		2

K.1.1. Summary of Activities and Participants

Activity Type	No. of Activities	No. of Participants
Total	0	0

Sample



K.2. Budget Summary

The sum of previous sections representing the total grant requested for this application.

Activity No.	Activity Type	Travel	Individual Support	Course fees	Special Needs Support	Exceptional Costs	Total
A1		0.00					0.00
Total		0.00					0.00

Organisational Support

K.2.1. Project Total Grant

Grant Calculated	0.00
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L. Checklist

Before submitting online your application form to the National Agency, please make sure that it fulfils the eligibility criteria listed in the Programme Guide and check that:

- you have used the official Key-Action 1 application form.
- all relevant fields in the application form have been completed.
- you have chosen the correct National Agency of the country in which your organisation is established.
- the application form has been completed using one of the official languages of the Erasmus+ Programme Countries.
- you have annexed all the relevant documents:
 - the Declaration of Honour signed by the legal representative mentioned in the application.
 - the mandates of each member of the national mobility consortium (if applicable) signed by both parties.
- all participating organisations have uploaded the documents to give proof of their legal status in the participants' portal (for more details, see the section "Selection Criteria" in Part C of the Programme Guide).
- for grants exceeding 60 000 EUR, you have uploaded the documents to give proof of your financial capacity in the participants' portal (for more details, see the section "Selection Criteria" in Part C of the Programme Guide). Not applicable in the case of public bodies or international organisations.
- you are complying with the deadline published in the Programme Guide.
- you have saved or printed the copy of the completed form for yourself.

Sample



M. Data Protection Notice

PROTECTION OF PERSONAL DATA

The application form will be processed electronically. All personal data (such as names, addresses, CVs, etc.) will be processed in pursuant to the Regulation on the protection of individuals with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, currently Regulation (EC) No 45/2001. Any personal data requested will only be used for the intended purpose, i.e. the processing of your application in accordance with the specifications of the call for proposals, the management of the administrative and financial aspects of the project if eligible and the dissemination of results through appropriate Erasmus+ IT tools. For the latter, as regards the details of the contact persons, an unambiguous consent will be requested.

For the exact description of the collected personal data, the purpose of the collection and the description of the processing, please refer to the Specific Privacy Statement (see link below) associated with this form.

http://ec.europa.eu/programmes/erasmus-plus/documents/eplu-link-eforms-privacy_en.htm

Sample



N. Declaration of Honour

I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge. I put forward a request of an Erasmus+ grant as set out in this application form.

Declare that:

- All information contained in this application, is correct to the best of my knowledge.
- In the case of projects in the field of youth, the participants involved in the activities fall in the age limits defined by the Programme.
- 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 am authorised by my organisation to sign Community grant agreements on its behalf.

Certify that (in case the grant requested exceeds 60 000€):

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 109(1) of the Financial regulations (Council Regulation 966/2012).

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.

Commit:



- my organisation and the other partner organisations herein, to take part upon request in dissemination and exploitation activities conducted by National Agencies, the Executive Agency and/or the European Commission, where the participation of individual participants may also be required.

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.

Place:	Date (dd-mm-yyyy):
Name of the applicant organisation:	
Name of legal representative:	
Signature:	
National ID number of the signing person (if requested by the National Agency):	
Stamp of the applicant organisation (if applicable):	

Sample



O. Annexes

Please note that all documents mentioned in section "Checklist" need to be attached here before you submit your application online.

File Name	File Size (kB)
Total Size (up to a maximum of 10 240 kB)	

Sample



P. Submission

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

P.1. Data Validation

Validation of compulsory fields and rules

P.2. Standard Submission Procedure

Online submission (requires internet connection)

P.3. Alternative Submission Procedure

If you cannot submit your form online you can still do it by sending an email to your National Agency within the 2 hours following the official deadline. The email must contain the complete electronic form and any file attachments you wish to send. You must also attach a snapshot of section "Submission Summary" indicating that this electronic form could not be submitted online. Your National Agency will analyse your situation and provide you with further instructions.

P.4. Submission Summary

This form has not been submitted yet.

P.5. Form Printing

Print the entire form

Sample