

Before completing this application form, please read the relevant sections in the 2009 Call for Proposals published by the European Commission and by your National Agency and the Lifelong Learning Programme Guide for 2009, which contain additional information on closing dates, National Agency addresses to which the application must be sent, and specific priorities for the year 2009. Links to these documents and further information can be found on the Lifelong Learning Programme website:

http://ec.europa.eu/education/programmes/llp/index_en.html

and the National Agency website, whose address is available upon selecting the National Agency in the field below.

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.

SUBMISSION DATA	
Programme	
Sub-programme	
Action	
Type of visit	
Target action	
National Agency	
Name	
Postal address	
Email address	
Helpdesk	
Website	
Applicant Organisation	
Organisation name	
EUC number	



A. APPLICANT ORGANISATION

A.1 Organisation			
Full legal name			
in latin characters			
Acronym			
National / Erasmus ID			
EUC			
Legal address			
Postal code		Town	
Country		Region	
Website			
Telephone 1		Telephone 2	
Fax			
A.2 Legal Representative			
Title	First name	Last	t name
Position			
☐ The same address as the	organisation's address		
Title	First name	Last	L warms
Title	First name	LdSI	t name
Position			
email			
Telephone		Fax	
☐ The same address as the	organisation's address		
Address			
Postal code		Town	
Country		Region	



B. ORGANISATION AND ACTIVITIES B.1 Structure Profit / Non-profit Public / Private Organisation type Economic sector Size (staff) Size (students) Scope B.2 Other EU Grants Other European Union grants received by the applicant organisation in the past 3 years. Programme or initiative Identification number Contracting organisation Project title



C. HOST ORGANISATION

C.1 Organisation		
Legal name		
in latin characters		
Acronym		
National / Erasmus ID		
Legal address		
Postal code		Town
Country		Region
Website		
Telephone 1		Telephone 2
Fax		
C.2 Contact Person		
Title	First name	Last name
Position		
email		
Telephone		Fax
		•

☐ The same address as the organisation's address



D. PARTICIPANTS	
D.1 Description of the pa	rticipant(s)
No.	
Name	
Gender	
Type of applicant	
Field of education/training	
If field is foreign language,	please specify which
Participant with special need	ds
In the case of two participa	nts only: please explain why the participation of a second person is necessary
D.2 Qualifications and Pr	ofessional Background
	our work experience most relevant for this application. If you provide CVs, please use the opass.cedefop.europa.eu/europass/home/vernav/Europasss+Documents/Europass+CV.csp
D.3 Special Needs of the	Applicant Person
If you have special needs, f	for example due to a disability, and consider that you require a higher than usual grant, please itional arrangements necessary to enable you to take part in this activity.



E. VISIT CONTENT

E.1 Purpose of the Visit

Please give a brief description of the future cooperation idea you would like to develop during the visit. Please indicate the objective(s), topics(s) and activities to be developed, and the planned starting date of your future project. In case you war to visit two organisations during your preparatory visit, explain why.
For contact seminars: Please give a brief description of your aims related to this seminar and of any future cooperation ideas you already have.
For preparatory visits and contact seminars: Please explain how your future project will be linked to the activities of your home organisation.
E.2 Description
For preparatory visit: Please describe the activities which will take place during the visit. Please indicate whether representatives from any of the future participating organisations other than your own and the visit host organisation(s) will also take part in this visit. Please also include a draft agenda.
For contact seminars:

Please give the title of the seminal	r and include a draft agenda.
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E.3 Mobility Table

Number	Destination country	Town	Start date	Duration



Requested funding based on estimated costs. All figures in euro.

F. BUDGET

The grant will make a contribution towards travel, subsistence and contact seminar fee (if applicable). For expenses linked to special needs of the applicant person, please contact your National Agency.

If individuals reside in one of the overseas countries and territories listed in the Decision 2001/822/EC of the Council or have one of these territories as destination, real incurred travel costs shall be reimbursed in total, independent of the duration of the mobility activity.

Travel (including visa)			
Item	Participant 1	Participant 2	Total
Travel			
Visa			
Subsistence			
Subsistence (days x daily rate)			
Contact Seminar fee			
Special needs of the participant(s)			
Special needs			

	Fund	

Requested EU funding TOTAL
Sum of all the EU Requested funding based on estimated costs amounts
Total

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National question 1		
National question 2		
National question 3		

H. CHECKLIST

Please note that a preparatory visit must be undertaken before submitting a grant application for the activity you intend to prepare during the visit. If your institution has already submitted a grant application for the activity in question starting in the academic year 2009/10, then it can no longer receive a preparatory visit grant for the same activity.

Before submitting the grant application, please also check whether the following criteria are fully respected:





Lifelong Learning Programme

- The grant application complies with the application procedures in the 2009 Lifelong Learning Programme Guide and has been submitted respecting the closing date(s) set out by the National Agency.
- The grant application has been submitted using the correct 2009 grant application form.
- The grant application has been completed in full.
- The grant application has been drawn up in one of the official languages of the EU/in the national language of the applicant organisation in case of grant applications submitted to National Agencies in EFTA/EEA and candidate countries.
- The applicant organisation is a legal body.
- The applicant organisation is located in one of the countries participating in the Lifelong Learning Programme. Please consult the Lifelong Learning Programme website for further details.
- Either the applicant organisation or the visit destination is in an EU Member State.
- The visit destinations(s) is/are located in one/maximum two countries.
- In case of participation in a contact seminar, the contact seminar is organised by a National Agency for the Lifelong Learning Programme (check the Lifelong Learning Programme website for the list of National Agencies).
- The applicant organisation has checked with its National Agency whether there are any national eligibility criteria in addition to the European ones and whether the National Agency requires any additional information to be submitted in support of the application.
- The grant application bears the original signature of the person legally authorised to sign on behalf of the applicant organisation, as well as the original stamp (if existing) of the applicant organisation.

I. 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 F.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.

FITHED

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:

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.

PROTECTION OF PERSONAL DATA

Processing your grant application will involve the recording and processing of personal data (such as your name, address and CV). Such data will be processed pursuant to Regulation (EC) No 45/2001 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. Unless indicated otherwise, your replies to the questions and any personal data requested are required to evaluate your application in accordance with the specifications of the call for proposals and will be processed solely for that purpose by the National Agency and the Directorate-General Education and Culture of the European Commission. You are entitled to obtain access to your personal data on request and to rectify any such data that is inaccurate or incomplete. If you have any queries concerning the processing of your personal data, you may address them to your National Agency and the Directorate-General Education and Culture of the European Commission. You have the right of recourse at any time to the European Data Protection Supervisor for matters relating to the processing of your personal data.

You are informed that for the purposes of safeguarding the financial interest of the Communities, your personal data may be transferred to internal audit services, to the European Court of Auditors, to the Financial Irregularities Panel and/or to the European Anti-Fraud Office (OLAF).

Data of applicants which are in one of the situations referred to in Articles 93 (1), 94 and 96(2)(a) of the Financial Regulation may be included in a central database and communicated to the designated persons of the Commission, other institutions, agencies, authorities and bodies mentioned in Article 95(1) and (2) of the Financial Regulation. This refers as well to the persons with powers of representation, decision making or control over the said applicants. Any party entered into the database has the right to be informed of the data concerning it, up on request to the accounting officer of the Commission.



Lifelong Learning Programme

Application Form
Call: 2009
Preparatory Visits

Signature:	Date	/	/	(day/month/year)
Name of signatory:	Position within the organisation:			
Name of the applicant organisation:				
Stamp of the applicant organisation (if required by your National Agency)				

Data Validation

Validation of compulsory fields and rules

Standard Submission Procedure

Online submission (requires internet connection)

Print the application form

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")