DEF-flag-logoeac-LLP_en

**LEONARDO DA VINCI PARTNERSHIPS**

**PROGRESS REPORT**

**For Partnerships approved in 2010**

Please send this progress report to your National Agency, duly completed and signed, by 30 June as requested in Article 7 (Monitoring, Evaluation and Control) of your Grant Agreement. The report will be used by your National Agency for monitoring purposes.

**1. General information:**

|  |  |
| --- | --- |
| Grant Agreement Reference No.: | |
| Partnership title: | |
| Partner countries: | |
| Your institution is: | ⁯ The coordinator  ⁯ A partner |
| Name of your institution:  Address:  Telephone:  Name of contact person:  Telephone:  E-mail: | |

**2. Partnership content**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.1. Please describe briefly the Partnership activities undertaken and the results achieved so far:** | | | |
|  | | | |
| **2.2. What problems/obstacles, have you met in the implementation of the Partnership, if any? How have these problems been solved?** | | | |
|  | | | |
| **2.3. Mobility activities** | | | |
| **Minimum number of mobilities planned** (*please tick as appropriate)* | ** 4  8  12  24**  ** reduced number of mobilities \_\_\_** | | |
| **2.4 Mobilities carried out between 1.08.10 and 30.6.11 (add rows if necessary)** | | | |
| **Mobility description** | | **Nr of participating staff[[1]](#footnote-2)** | **Nr of participating trainees** |
|  | |  |  |
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|  | |  |  |
|  | |  |  |
| **Total number of mobilities** | |  |  |
| **2.5 Number of mobilities to be carried out by 31.7.2012** | |  | |

**3. Grantholder's declaration** to be signed by the person legally authorised to sign on behalf of your institution/organisation and by the Partnership contact person in your institution/organisation:

|  |  |
| --- | --- |
| "We, the undersigned, certify that the information contained in this Progress Report is correct to the best of our knowledge". | |
| Date:  Place:  Name and position of the contact person:  Signature of the contact person: | Date:  Place:  Name and position of the Head of institution/organisation:  Signature of the Head of institution/organisation:  Stamp of the institution/organisation (if applicable) |

**\*\*\*\*\*\***

1. Including - in the case of mobility involving persons with special needs - accompanying persons [↑](#footnote-ref-2)