



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2011

Leonardo da Vinci Mobility

Form version: 1.0 / Adobe Reader version: 9.405

THIS FORM IS ONLY FOR TESTING AND ONLY FOR INTERNAL EUROPEAN COMMISSION / NATIONAL AGENCIES USE. PLEASE DO NOT DISTRIBUTE!

ENVIRONMENT: TEST

A. GENERAL INFORMATION

Please send this report duly completed and signed to your National Agency within 60 days after the final end date of the action. Once this report and the supporting documents are submitted and approved, the National Agency will either pay the balance of the grant or recover any unspent funds.

B. SUBMISSION

| | |
|---------------|---|
| Programme | LIFELONG LEARNING PROGRAMME |
| Sub-programme | LEONARDO DA VINCI |
| Action type | MOBILITY |
| Action | LEONARDO DA VINCI IVT (Initial Vocational Training) |
| Call | 2011 |

B.1. PERIOD COVERED

| | |
|-------------------|------------|
| From (dd-mm-yyyy) | 01-01-2011 |
| To (dd-mm-yyyy) | 01-01-2012 |

B.2. PROJECT IDENTIFIERS

| | |
|-----------------------------------|------------------------|
| Grant agreement no. | 2011-1-GB2-LEO01-00001 |
| Project title (national language) | Project Title |
| National id (if applicable) | National ID |
| Beneficiary name | Beneficiary |
| Submission id | |

Form hash code



FE753D8F136DE03F

EXAMPLE

Form hash code FE753D8F136DE03F

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B.3. NATIONAL AGENCY

Identification

UK2 LLP-Leo-Gru-SV (ECOTEC)

Postal address

UK National Agency - Leonardo, Grundtvig & Transversal Programmes -
ECORYSVincent House
Quay Place
92-93 Edward Street, Birmingham B1 2RA

Email address

leonardo@uk.ecorys.com

Helpdesk

0044 (0)845 199 2929

Website

www.leonardo.org.uk

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C. IDENTIFICATION OF THE BENEFICIARY

C.1. BENEFICIARY ORGANISATION

| | |
|--------------------------------------|---------------------------------------|
| Full legal name (national language) | Beneficiary |
| Full legal name (latin characters) | Beneficiary |
| Acronym | B |
| National id (if requested by the NA) | 001 |
| Type of organisation | Art association (PUB-AAS) |
| Commercial orientation | For profit (P) |
| Scope | local (L) |
| Legal status | private (PR) |
| Economic sector | A - AGRICULTURE, FORESTRY AND FISHING |
| Size (staff) | staff 1 to 20 |
| Legal address | Street 1 |
| Postal code | 01-001 |
| City | London |
| Country | UK - UNITED KINGDOM |
| Region | UKI1 - Inner London |
| Telephone 1 | 1234567890 |
| Telephone 2 | 1234567890 |
| Fax | 1234567890 |
| Email | email@email.com |
| Website | http://website.com |

C.1.1. CONTACT PERSON

| | |
|------------|-----------|
| Title | Mrs |
| First name | FirstName |

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| | |
|--------------|---------------------|
| Family name | LastName |
| Department | Leonardo |
| Position | Head of Unit |
| Work address | Street 1 |
| Postal code | 01-001 |
| City | London |
| Country | UK - UNITED KINGDOM |
| Region | UKI1 - Inner London |
| Telephone 1 | 1234567890 |
| Telephone 2 | 1234567890 |
| Mobile | 1234567890 |
| Fax | 1234567890 |
| Email | email@email.com |

C.1.2. PERSON AUTHORISED TO SIGN THE GRANT AGREEMENT

| | |
|--------------|---------------------|
| Title | Mrs |
| First name | FirstName |
| Family name | LastName |
| Organisation | Organisation |
| Department | Leonardo |
| Position | Head of Unit |
| Work address | Street 1 |
| Postal code | 01-001 |
| City | London |
| Country | UK - UNITED KINGDOM |
| Region | UKI1 - Inner London |

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Telephone 1

1234567890

Telephone 2

1234567890

Mobile

1234567890

Fax

1234567890

Email

email@email.com

C.1.3. BACKGROUND/EXPERIENCE

Has a Leonardo da Vinci Mobility Certificate been granted to your organisation?

Yes

NO. OF LEONARDO MOBILITY CERTIFICATE

1234567890

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C.2. PARTNER ORGANISATION

| | |
|--------------------------------------|---------------------------------------|
| Full legal name (national language) | Partner |
| Full legal name (latin characters) | Partner |
| National id (if requested by the NA) | 001 |
| Type of organisation | Art association (PUB-AAS) |
| Commercial orientation | For profit (P) |
| Scope | local (L) |
| Legal status | private (PR) |
| Economic sector | A - AGRICULTURE, FORESTRY AND FISHING |
| Size (staff) | staff 1 to 20 |
| Legal address | Street 1 |
| Postal code | 01-001 |
| City | London |
| Country | UK - UNITED KINGDOM |
| Region | UKI1 - Inner London |
| Telephone 1 | 1234567890 |
| Telephone 2 | 1234567890 |
| Fax | 1234567890 |
| Email | email@email.com |
| Website | http://website.com |

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C.3. PARTICIPANTS

| FIRST NAME | FAMILY NAME | DATE OF BIRTH | GENDER | TYPE OF PARTICIPANT | EMAIL | SPECIAL NEEDS? |
|------------|-------------|---------------|--------|------------------------------|-----------------|----------------|
| FirstName | LastName | 01/01/1970 | Male | Active adult education teach | email@email.com | No |

C.4. ACCOMPANYING PERSONS

| FIRST NAME | FAMILY NAME | DATE OF BIRTH | GENDER | EMAIL |
|------------|-------------|---------------|--------|-----------------|
| FirstName | LastName | 01/01/1960 | Female | email@email.com |

C.5. PARTICIPANTS SUMMARY

| | |
|---|---|
| No. of Participants without special needs | 1 |
| No. of Participants With Special Needs | 0 |
| No. of Accompanying persons | 1 |

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D. PROJECT DESCRIPTION

D.1. SUMMARY

Provide a brief summary of the main aims, content and planned outcomes of your project, including an assessment on the level of matching between the initial aims and the final outcomes.

Explain shortly the benefits of the Mobility activities for the participants, the activities and training that they undertook and the validation of skills acquired.

text

D.2. ESTIMATED RESULTS, OUTCOMES

Explain the results and outcomes for the different parties involved (participants, sending, hosting, intermediary organisations and experts).

D.2.1. PROJECT PARTNERS

Please describe the outcomes and benefits for the project partners in terms of organisation trans-national capacity strength, vocational training quality improvements, and other aspects.

text

D.2.2. INDIVIDUAL PARTICIPANTS

Please describe the outcomes for individual participants in terms of skills improvement (professional, linguistic, behavioural, intercultural, problem solving, team work building, use of ICT, etc).

text

D.2.3. EXPERTS AND HUMAN RESOURCES EXPERTS TRAINING

Please describe the outcomes for experts and human resources experts in terms of training systems knowledge enhancement, good practice transfer in training provision, VET field linguistic knowledge acquisition, ICT know-how, etc.

text

D.2.4. OTHER RESULTS

Please describe here any additional relevant information.

text



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Empty yellow rectangular box for text input.

D.3. IMPACTS

Please describe the wider impact of the project at the sectorial, regional, national and European level (where applicable).

D.3.1. SECTORIAL DEVELOPMENT

Cooperation with VET-fields, economic sectors, cooperation between enterprises and training institutions, covering qualification needs in an economic sector.

text

D.3.2. REGIONAL DEVELOPMENT

Promoting regional development and cooperation.

text

D.3.3. OTHER ESTIMATED IMPACTS

Please describe here any additional relevant information.

text

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E. MOBILITIES' INFORMATION

E.1. PARTICIPANTS' MOBILITIES

| Mobility No. | Participant | Economic Sector | Field of education | Level of education | Sending Country | Receiving Country |
|--------------|--------------------|------------------------|---------------------------|-----------------------|-----------------|-------------------|
| 1 | FirstName LastName | A - AGRICULTURE, FORES | Accounting and taxation (| ISCED 0 - Pre-primary | AT - AUSTRIA | BE - BELGIUM |

| Mobility No. | Participant | Sending Partner | Intermediary Partner | Receiving Partner | Sending Country | Receiving Country | Departure date (dd-mm-yyyy) | Return date (dd-mm-yyyy) | Duration (weeks) | Duration (days) |
|--------------|--------------------|-----------------|----------------------|-------------------|-----------------|-------------------|-----------------------------|--------------------------|------------------|-----------------|
| 1 | FirstName LastName | Partner | Intermediary Partner | Receiving Partner | AT - AUSTRIA | BE - BELGIUM | 01/01/2011 | 01/01/2012 | 48 | 0 |

E.1.1. USED LANGUAGES

| Mobility No. | Participant | Language |
|--------------|--------------------|----------------|
| 1 | FirstName LastName | BG - Bulgarian |

E.1.2. MOBILITIES' CERTIFICATIONS/RECOGNITIONS

| Mobility No. | Participant | Organisation (Sending, Hosting or Intermediary Partner) | Recognition / Certification Type |
|--------------|--------------------|---|----------------------------------|
| 1 | FirstName LastName | Organisation | Certifications (CERT) |

E.2. ACCOMPANYING PERSONS' MOBILITIES

| Mobility No. | Accompanying Person | Sending Partner | Intermediary Partner | Receiving Partner | Sending Country | Receiving Country | Departure date (dd-mm-yyyy) | Return Date (dd-mm-yyyy) | Duration (weeks) | Duration (days) |
|--------------|---------------------|-----------------|----------------------|-------------------|-----------------|-------------------|-----------------------------|--------------------------|------------------|-----------------|
| 1 | FirstName LastName | Partner | Partner | Partner | AT - AUSTRIA | BE - BELGIUM | 01/01/2011 | 01/01/2012 | 48 | 0 |

E.3. MOBILITIES SUMMARY

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| Sending country | Receiving country | No. Participants | No. Accompanying Persons | Total Duration (weeks) | Total Duration (days) |
|-----------------|-------------------|------------------|--------------------------|------------------------|-----------------------|
| AT - AUSTRIA | BE - BELGIUM | 1 | 1 | 48 | 0 |

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E.4. PARTICIPANTS' REPORTS STATUS

| Project Total Number of Participant Mobility Experiences | Out of which have a Submitted and Approved Participant Report |
|--|---|
| 2 | 1 |

Please provide any suitable explanations regarding the fact that not all participant reports were submitted and approved at the moment of submission of this final report.

text

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F. FUNDING

F.1. OTHER FUNDING SOURCES

If applicable, please identify other funding sources for the project other than Leonardo da Vinci.

text

F.2. MOBILITY ORGANISATION AND MANAGEMENT

| | |
|---------------------------|------|
| Total No. of Participants | 2 |
| Total | 2.00 |

F.3. PEDAGOGICAL, LINGUISTIC AND CULTURAL PREPARATION

| Participant | Total |
|--|-------|
| | 2.00 |
| Total No. of Participants | 2 |
| Pedagogical, linguistic and cultural preparation total | 2.00 |

F.4. MOBILITIES

F.4.1. PARTICIPANTS

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| Mobility No. | Participant | Special Needs? | Sending Country | Destination country | Travel Cost | Subsistence | | | Travel + Subsistence |
|--------------|--------------------|----------------|-----------------|---------------------|-------------|------------------|-----------------|-------------|----------------------|
| | | | | | | Duration (weeks) | Duration (days) | Subsistence | |
| 1 | FirstName LastName | No | AT - AUSTRIA | BE - BELGIUM | 250.00 | 48 | 0 | 250.00 | 500.00 |

F.4.2. ACCOMPANYING PERSONS

| Mobility No. | Accompanying Person | Sending Country | Destination country | Travel Cost | Subsistence | | | Travel + Subsistence |
|--------------|---------------------|-----------------|---------------------|-------------|------------------|-----------------|--------|----------------------|
| | | | | | Duration (weeks) | Duration (days) | Total | |
| 1 | FirstName LastName | AT - AUSTRIA | BE - BELGIUM | 250.00 | 48 | 0 | 250.00 | 500.00 |

F.4.3. MOBILITIES SUMMARY

| Sending Country | Receiving Country | No. Participants without special needs | No. Participants with special needs | No. Accompanying Persons | Travel Cost | Subsistence | | | Travel + Subsistence |
|-----------------|-------------------|--|-------------------------------------|--------------------------|-------------|------------------|-----------------|--------|----------------------|
| | | | | | | Duration (weeks) | Duration (days) | Total | |
| AT - AUSTRIA | BE - BELGIUM | 1 | 0 | 1 | 500.00 | 48 | 0 | 500.00 | 1000.00 |

F.5. SUMMARY

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| | | | |
|--|-------------|------------------------------------|--------|
| | | | Total |
| Mobility Organisation and Management | | | 500.00 |
| Pedagogical, linguistic and cultural preparation | | | 500.00 |
| Mobility | Travel | Participants without special needs | 500.00 |
| | | Participants With Special Needs | 500.00 |
| | | Accompanying persons | 500.00 |
| | Subsistence | Participants without special needs | 500.00 |
| | | Participants With Special Needs | 500.00 |
| | | Accompanying persons | 500.00 |
| | Total | | |

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G. 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/>

H. BENEFICIARY DECLARATION AND SIGNATURE

I, the undersigned, hereby declare that the attached information is accurate and in accordance with the facts. In particular the financial data provided in this report correspond to the activities actually realised and to the grants actually paid for subsistence, travel and preparation of participants.

Place: _____ Date: _____

Name: _____

Position within the contracting organisation: _____

Signature: _____

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I. SUBMISSION

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

I.1. DATA VALIDATION

Validation of compulsory fields and rules

I.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 | 2011-08-30 17:28:05 * | Form has not been submitted yet | FE753D8F136DE03F | Unknown |

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

I.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

I.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")

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