



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 PLM (People in the Labour Market)
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	 FE753D8F1DF880C8

EXAMPLE

Form hash code FE753D8F1DF880C8

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B.3. NATIONAL AGENCY

Identification

UK2 LLP-Leo-Gru-SV (ECOTEC)

Postal address

UK National Agency - Leonardo, Grundtvig & Transversal Programmes -
ECORYS Vincent 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

EXAMPLE

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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 text box

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.

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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 17:30:21 *	Form has not been submitted yet	FE753D8F1DF880C8	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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