



Lifelong  
Learning  
Programme

Name of evaluator: \_\_\_\_\_

**COMENIUS**  
**ASSISTANTSHIPS (HOST SCHOOL)**  
**COMMON EUROPEAN ELIGIBILITY CHECKLIST**  
**2013**

**Reference N°**

**Name of the applicant  
institution:**

	<b>YES</b>
<b>The application has been submitted by the applicant institution by the published deadline ( 31 January 2013)</b>	
<b>The application has been submitted using the correct application form.</b>	
<b>The application has been submitted according to the instructions published by the National Agency.</b>	
<b>The form is not hand written.</b>	
<b>The form is completed in full.</b>	
<b>The application has been completed using one of the official languages of the EU, or, in the case of the EFTA/EEA or candidate countries, in the national language of the country concerned.</b>	
<b>Either the country of origin or the country of destination is a Member State of the EU.</b>	
<b>The institution is located in one of the countries participating in the Lifelong Learning Programme.</b>	
<b>The institution belongs to one of types of institutions specified by the relevant National authorities.</b>	
<b>The form has been signed by the legal representative of the applicant institution or a person duly authorised by the legal representative.</b>	
<i>(If applicable, add national administrative priorities)</i>	

**The application is eligible:** Yes   
No

**If the application is not eligible on the basis of one or several of the criteria above, please give details if necessary:**

*I hereby declare to the best of my knowledge that I have no conflict of interest (including family, emotional life, political affinity, economic interest or any other shared interest) with the organisation(s) or any of the persons having submitted this grant application. Furthermore, I confirm that I will not communicate to any third party any information that may be disclosed to me in the context of my work as an evaluator.*

\_\_\_\_\_

Date

\_\_\_\_\_

Name and signature