



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / 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 to your National Agency, duly completed and signed by 30 September 2012. This report is considered as your request for payment of the balance of the grant. Please check Annex III of your grant agreement for a detailed explanation of the calculation of the final grant amount.

B. SUBMISSION

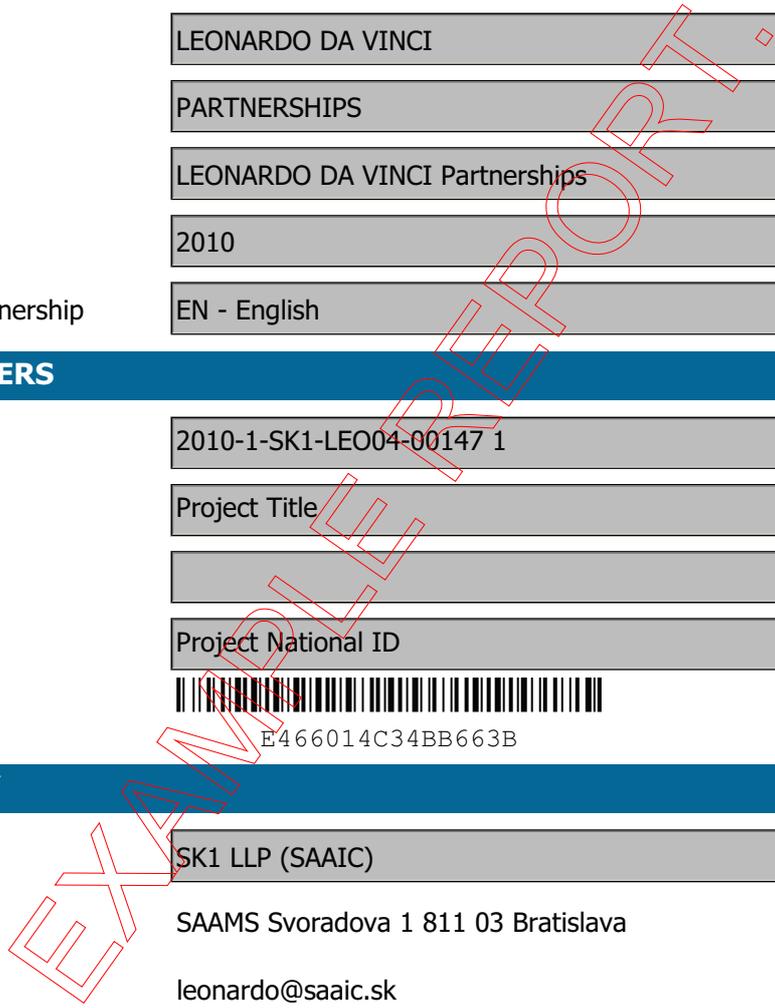
Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	LEONARDO DA VINCI
Action type	PARTNERSHIPS
Action	LEONARDO DA VINCI Partnerships
Call	2010
Working language of the partnership	EN - English

B.1. PROJECT IDENTIFIERS

Grant agreement no.	2010-1-SK1-LEO04-00147 1
Project title	Project Title
Project acronym	
National Id	Project National ID
Form hash code	 E466014C34BB663B

B.2. NATIONAL AGENCY

Identification	SK1 LLP (SAAIC)
Postal address	SAAMS Svoradova 1 811 03 Bratislava
Email address	leonardo@saaic.sk
Helpdesk	helpdesk@saaic.sk
Website	www.saaic.sk/llp



Form hash code E466014C34BB663B

This form has not been submitted.

EN



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

C. IDENTIFICATION OF THE BENEFICIARY

C.1. BENEFICIARY ORGANISATION

Role	Coordinator (CO)
Full legal name (national language)	Coordinating Organisation
Full legal name (latin characters)	Coordinating Organisation
Acronym	Coordinating Organisation
National id (if applicable)	
Type of organisation	Bodies providing guidance, counselling and information services relating to any a
Commercial orientation	For profit (P)
Scope	national (N)
Legal status	private (PR)
Economic sector	H51 - Air transport
Size (staff)	staff more than 5.000
Size (learners/trainees)	more than 5.000
Legal address	Legal Address
Postal code	1000
City	Bratislava
Country	SK - SLOVAKIA
Region	SK01 - Bratislavsky kraj
Telephone 1	111222333
Telephone 2	111222333
Fax	111222333
Email	email@email.sk
Website	

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

C.2. CONTACT PERSON

Title	
First name	First
Family name	Nane
Department	Department
Position	Position
Work address	Address
Postal code	1000
City	Bratislava
Country	SK - SLOVAKIA
Telephone 1	111222333
Telephone 2	111222333
Mobile	111222333
Fax	111222333
Email	email@email.sk

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

C.3. LEGAL REPRESENTATIVE

Title	
First name	First
Family name	Name
Organisation	
Department	Department
Position	Position
Work address	Address
Postal code	1000
City	Bratislava
Country	SK - SLOVAKIA
Telephone 1	111222333
Telephone 2	111222333
Fax	111222333
Email	email@email.com

C.4. SOURCE OF INFORMATION

At application stage how did you find information about partnerships?

Other (Oth)

If other, please state the source

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

D. IDENTIFICATION OF THE PARTNERS

D.1. PARTNER ORGANISATION

National Agency identification	FR1 LLP (2E2F)
Role	Partner (PA)
Full legal name (national language)	Sorbonne
Full legal name (latin characters)	Sorbonne
Acronym	Sorbonne
National id (if applicable)	
Type of organisation	Non profit / Non governmental organisation (NFP-NGO)
Commercial orientation	Not for Profit (NP)
Scope	national (N)
Legal status	public (PB)
Economic sector	J - INFORMATION AND COMMUNICATION
Size (staff)	staff 51 to 250
Size (learners/trainees)	more than 5.000
Legal address	Rue Neuf
Postal code	1000
City	Paris
Country	FR - FRANCE
Region	FR10 - Île de France
Telephone 1	333222111
Telephone 2	333222111
Fax	333222111
Email	sorbonne@email.com
Website	

EXAMPLE REPORT



E. PART A (CONCERNING THE PARTNERSHIP AS A WHOLE)

E.1. SUMMARY

Please provide a brief description of the partnership carried out in the communication language of the partnership (maximum of 5000 characters). The provided summary may be used for publication.

Translation of Summary into English.

E.2. OUTCOMES

Please fill the following table with the outcomes produced by your partnership.

Identifier	1
Type	
Title	
Description	
Date (dd-mm-yyyy)	
Educational field	
Topics	
Target group(s)/potential beneficiaries	
Languages	
Source	
Creator	
Publisher	
Coverage	

EXAMPLE REPORT



Copyright/Rights	
Target sectors	
Medias used	

Identifier	2
Type	
Title	
Description	
Date (dd-mm-yyyy)	
Educational field	
Topics	
Target group(s)/potential beneficiaries	
Languages	
Source	
Creator	
Publisher	
Coverage	
Copyright/Rights	
Target sectors	
Medias used	

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

E.3. EUROPEAN ADDED VALUE

What was the added value of the partnership towards a more intensive European cooperation?

E.4. PARTNERSHIP OBJECTIVES ACHIEVEMENTS

Please summarise briefly the main aims/objectives of your partnership.

E.5. KEY COMPETENCES

Please enter the specific key competences addressed by your partnership.

Please specify any concrete measures and activities undertaken at partnership level.

E.6. HORIZONTAL ISSUES

Please enter the horizontal issues addressed by your partnership.

- Promoting an awareness of the importance of cultural and linguistic diversity within Europe, as well as of the need to combat racism, prejudice and xenophobia (Div)
- Cultural and linguistic diversity (CulDiv)
- Fight against racism and xenophobia (RacXen)
- Making provision for learners with special needs, and in particular by helping to promote their integration into mainstream education and training (SpecNeed)
- Promoting equality between men and women and contributing to combating all forms of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation (Discr)
- Equal opportunities men and women (Equal)



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

Sexual discrimination, orientation (SexDis)

Racial or ethnic origin (RacEth)

Age (Age)

If other, please specify.

Empty text box for specifying other categories.

Please specify any concrete measures and activities undertaken at partnership level.

Empty text box for specifying concrete measures and activities.

E.7. WORKPLAN AND TASKS

If some of the tasks carried out are different from those planned at application stage, please explain why.

Empty text box for explaining differences in tasks.

E.8. COMMUNICATION AND COOPERATION

How would you describe the cooperation and communication between the participating organisations involved in your partnership? Were all organisations equally involved?

Empty text box for describing cooperation and communication.

E.9. PARTNERSHIP LANGUAGES

Please enter the communication and working languages used in the partnership.

Empty text box for entering communication and working languages.



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

E.10. EVALUATION

E.10.1. PROGRESS MONITORING

How did you monitor and evaluate the progress and the expected impact of the partnership?

Other (Oth)

If other, please specify.

What were the main conclusions and consequences of the monitoring and evaluation?

E.10.2. RESULTS/PRODUCTS/OUTCOMES ACHIEVEMENT

To what extent were results/products/outcomes previously identified at application stage achieved?

If your outcomes were different to those indicated at application stage, please explain the reasons for these changes.

E.10.3. AIMS/OBJECTIVES ACHIEVEMENT

To what extent were the aims/objectives previously stated at application stage achieved?

In case of underachievement, please explain which aims/objectives were not achieved and for what reasons.

EXAMPLE REPORT

**F. PART B (CONCERNING YOUR OWN INSTITUTION)****F.1. PARTICIPANTS****F.1.1. ACTIVITIES**

Please enter the details about the number of participants from your institution involved in partnership activities and mobilities.

Type	Gender	No. of Pupils/ Learners/Trainees	Out of which No. of Pupils/Learners/Trainees With Special Needs	No. of Teachers/Staff	Out of which No. of Teachers/Staff With Special Needs	No. of Accompanying Persons
LOCAL ACTIVITIES	Male					
	Female					
TRANSNATIONAL MOBILITIES	Male					
	Female					

F.1.2. AGE RANGES

Please enter the number of Pupils/Learners/Trainees by age range.

Age Range	No. of Pupils / Learners / Trainers

F.2. PARTNERSHIP ACTIVITIES

Please enter the concrete activities carried out by your organisation at local level and during the mobilities.

Activity No.	1
Description	
Activity type	
Start date (dd-mm-yyyy)	
Duration (days)	
Actors involved	



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

Activity No.	2
Description	
Activity type	
Start date (dd-mm-yyyy)	
Duration (days)	
Actors involved	

To what extent were the planned activities previously stated at application stage achieved?

Please identify not fully achieved activities and explain the reasons and impact on the overall partnership. If some of the activities carried out are different from those planned at application stage, please explain why.

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

F.3. IMPACTS

F.3.1. PUPILS/LEARNERS/TRAINEEES

What impact did the partnership have on the pupils/learners/trainees?

AREA	RATING
Increased language skills (Pupil-Lang)	<input type="text"/>
Increased ICT skills (Pupil-ICT)	<input type="text"/>
Increased social skills (Pupil-Social)	<input type="text"/>
Increased vocational skills (Pupil-Vocat)	<input type="text"/>
Increased motivation (Pupil-Motiv)	<input type="text"/>
Increased self-confidence (Pupil-Self)	<input type="text"/>
Increased knowledge about partner countries and cultures (Pupil-Culture)	<input type="text"/>
Other (Pupil-Oth)	Very significant impact (VerySig)

If other, please specify.

Please comment on your choices.

F.3.2. TEACHERS/STAFF

What impact did the partnership have on the teachers/staff?

AREA	RATING
Increased language skills (Staff-Lang)	<input type="text"/>
Increased ICT skills (Staff-ICT)	<input type="text"/>
Increased motivation (Staff-Motiv)	<input type="text"/>
Increased training skills (Staff-Train)	<input type="text"/>
Increased project management skills (Staff-PrjMng)	<input type="text"/>

Form hash code E466014C34BB663B

This form has not been submitted.

EN



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

Increased knowledge about partner countries and cultures (Staff-Culture)	
Other (Staff-Oth)	Very significant impact (VerySig)

If other, please specify.

Please comment on your choices.

F.3.3. ORGANISATION

What impact did the partnership have on your organisation?

AREA	RATING
Changes to the curriculum/training programme (Home-Curr)	
Changes to organisational arrangements (Home-Org)	
Increase support of the organisation management (Home-Supp)	
Changes in language teaching policy (Home-LangPol)	
Increased cooperation among staff (Home-StaffCoop)	
Other (Home-Oth)	Very significant impact (VerySig)

If other, please specify.

Please comment on your choices.

F.3.4. LOCAL COMMUNITY

What impact did the partnership have on the local community?



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

AREA	RATING
Increased cooperation with other local organisations (Local-Coop)	
Increased cooperation with local companies (Local-Comp)	
Increased support and participation of other local actors (Local-Actor)	
Other (Local-Oth)	Very significant impact (VerySig)

If other, please specify.

Empty text box for specifying other impacts.

Please comment on your choices.

Empty text box for commenting on choices.

F.3.5. OTHER IMPACTS

Please describe any other impact you have noted.

Empty text box for describing other impacts.

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

F.4. DISSEMINATION

How have you informed your organisation/other organisations/the local community of the results of your partnership?

Other (DISS10)

If other, please specify.

Please specify the dissemination activities carried out.

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

F.5. SUSTAINABILITY

How do you think that the outcomes of your partnership could be used by others?

EXAMPLE REPORT.

**F.6. MOBILITY PARTICIPATION**

Mobility Type of Grant Awarded	LEO-4M
Number of Reduced Mobilities (due to staff or pupils/learners/trainees with special needs or travel to or from Overseas Countries and Territories)	

Please enter the mobility participation details.

Mobility No.	1
Host Organisation	
Receiving Country	
Receiving Location	
Description	
Start date (dd-mm-yyyy)	
End date (dd-mm-yyyy)	
Duration (days)	
No. of Pupils/Learners/Trainees	
Out of Which No. of Pupils/Learners/Trainees With Special Needs	
No. of Staff	
Out of Which No. of Staff With Special Needs	
No. of Accompanying Persons	

Mobility No.	2
Host Organisation	
Receiving Country	
Receiving Location	
Description	
Start date (dd-mm-yyyy)	
End date (dd-mm-yyyy)	
Duration (days)	



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

No. of Pupils/Learners/Trainees	
Out of Which No. of Pupils/Learners/Trainees With Special Needs	
No. of Staff	
Out of Which No. of Staff With Special Needs	
No. of Accompanying Persons	

F.6.1. MOBILITY PARTICIPATION SUMMARY

Total No. of Pupils/Learners/Trainees	Out of which Total No. of Pupils/Learners/Trainees With Special Needs	Total No. of Staff	Out of which Total No. of Staff With Special Needs	Total No. of Accompanying Persons
0	0	0	0	0

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

G. LESSONS LEARNED

G.1. PROBLEMS/OBSTACLES ENCOUNTERED

If applicable, please describe any difficulty you encountered before/during/after the Partnership and how they were solved.

Other, please specify (Oth)

If other, please specify.

Please enter here any other comments you may have.

G.2. COMMENTS AND SUGGESTIONS

Please provide any further comments you might wish to make to the National Agency or the European Commission on the management and implementation of Comenius/Grundtvig/Leonardo da Vinci Partnerships' projects (such as recommendation for future measures, administrative procedures, level of funding, etc.).

EXAMPLE REPORT



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

H. EU FUNDING

Partner organisation	National Agency of the organisation	Partnership type	No. of realised mobilities (pupils/ learners)	No. of realised mobilities (staff)	Total No. of realised mobilities
Coordinating Organisation	SK1 LLP (SAAIC)	LEO-4M	3	1	4

I. 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/>

J. GRANT HOLDER'S DECLARATION AND SIGNATURE

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 Final Report is correct to the best of our knowledge and we herewith request the balance payment of the grant awarded.

Place: _____ Date: _____

Name of the contact person (in capital letters): _____

Position of the contact person (in capital letters): _____

Signature of the contact person: _____

Place: _____ Date: _____

Name of the Head of Institution/Organisation (in capital letters): _____

Position of the Head of Institution/Organisation: _____

Signature of the Head of Institution/Organisation: _____

Stamp of the Institution/Organisation: _____

K. SUBMISSION

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

Form hash code E466014C34BB663B

This form has not been submitted.

EN



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Partnerships

Form version: 3.0 / Adobe Reader version: 9.405

K.1. DATA VALIDATION

Validation of compulsory fields and rules

K.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	2012-01-27 13:41:11 *	Form has not been submitted yet	E466014C34BB663B	Unknown

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

K.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

K.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")

EXAMPLE REPORT

Form hash code E466014C34BB663B

This form has not been submitted.