

Call: 2009

Partnerships

Form version: 2.4 / Adobe Reader version: 9.401

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

Please send this report to your National Agency, duly completed and signed by 30 September 2011. 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 GRUNDTVIG

Action type PARTNERSHIPS

Action GRUNDTVIG Learning Partnerships

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Working language of the partnership BG - Bulgarian

B.1. PROJECT IDENTIFIERS

Grant agreement no. 2009-1-GR1-GRU06-00125-2

Project title project title

Project acronym acronym

National Id national id

Form hash code P402140B40BED782

B.2. NATIONAL AGENCY

Identification GR1 LLP (IKY)

Postal address // Makri 1 & Dionysiou Areopagitou, 11742, Athens Greece

Helpdesk llpeforms@iky.gr

Website www.iky.gr



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C. IDENTIFICATION OF THE BENEFICIARY **C.1. BENEFICIARY ORGANISATION** Role Partner (PA) Full legal name (national language) Concern Education Full legal name (latin characters) Concern Education Acronym CONED National id (if applicable) Type of organisation Schools associations (ASC-SCH) Commercial orientation Not for Profit (NP) Scope international (I) Legal status public (PB) Size (staff) staff 21 to 50 Size (learners/trainees) Legal address street 2 Postal code 1001 eity City IT - ITALY Country ITC1 - Piemonte Region Telephone 1 Telephone 2 Fax **Email** bbb@bbb.com Website





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C.2. CONTACT PERSON Mr Title First name Mario Family name Lanza Department Culture Position Work address via Reggiano 3070 Postal code City Torino IT - ITALY Country Telephone 1 555-123592 Telephone 2 555-885570 Mobile 555-741259 555-996637 Fax **Email** Mario.Lanza@nomail.com



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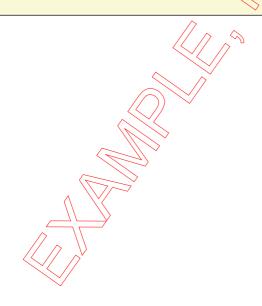
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C.3. LEGAL REPRESENTATIVE Title Dyrektor First name Jean-Luc Family name Lerat Organisation Department Position Dyrektor Szkoły 39, boulevard des Iles Work address Postal code 56010 City Vannes FR - FRANCE Country (+33) 6 60 19 28<mark>/2</mark>5 Telephone 1 Telephone 2 Fax

jllerat@lycee-stjoseph-vannes.com

C.4. SOURCE OF INFORMATION

At application stage how did you find information about partnerships?





Email



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D. IDENTIFICATION OF THE PARTNERS D.1. PARTNER ORGANISATION GR1 LLP (IKY) National Agency identification Coordinator (CO) Role Full legal name (national language) Austrian organisation Full legal name (latin characters) Austrian organisation Austrian Org 2 Acronym National id (if applicable) Type of organisation Association of professors and researchers specialising in European integration (A Commercial orientation Not for Profit (NP) Scope regional (R) public (PB) Legal status staff 1 to 20 Size (staff) Size (learners/trainees) Legal address street 1 Postal code 1000 City city AT - AUSTRIA Country AT11 - Burgenland (A) Region Telephone 1 Telephone 2 Fax Email aaa@aaa.com



Website



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D.2. PARTNER ORGANISATION GR1 LLP (IKY) National Agency identification Role Partner (PA) Full legal name (national language) English Club Full legal name (latin characters) English Club Acronym National id (if applicable) Type of organisation Primary school (EDU-SCHPrm) Commercial orientation Not for Profit (NP) local (L) Scope Legal status private (PR) staff 251 to 500 Size (staff) Size (learners/trainees) Legal address Berg 5 Postal code 45555 City Eupen BE - BELGIUM Country BE23 - Prov. Oost-Vlaanderen Region +32 555 55556 Telephone 1 Telephone 2 +32 555 55576 Fax +32 555 25525 **Email** info@english.be Website www.english_club_eupen.be.invalid.





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E. PART A (CONCERNING THE PARTNE	RSHIP AS A WHOLE)	
E.1. SUMMARY	$\tilde{\mathbb{C}}$	
Please provide a brief description of the par (maximum of 5000 characers). The provided sur	rtnership carried out in the communication language of mmary may be used for publication.	f the partnership
Translation of Summary into English.		
E.2. OUTCOMES		
Please fill the following table with the outcomes	produced by your partnership.	
Identifier	1	
Туре		
Title		
Description		
Topics		
Target group(s)/potential beneficiaries		
Languages		
Source		
Creator		
Publisher		
Coverage		



Copyright/Rights



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Target sectors	
Medias used	
E.3. EUROPEAN ADDED VALUE	
What was the added value of the partnership to	wards a more intensive European segmention?
what was the added value of the partnership to	wards a more intensive European cooperation:
E.4. PARTNERSHIP OBJECTIVES ACHIEVEM	IENTS
Please summarise briefly the main aims/objective	es of your partnership.
,	· · · (())
E.5. KEY COMPETENCES	
Please enter the specific key competences addre	essed by your partnership.
	→
Please specify any concrete measures and activity	ties undertaken at partnership level.
E.6. HORIZONTAL ISSUES	
Please enter the horizontal issues addressed by	vour partnershin
	tance of cultural and linguistic diversity within Europe, as well as of the
need to combat racism, prejudice and	I xenophobia (Div)
Cultural and linguistic diversity (CulDiv	v)
\checkmark	





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	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)
	Sexual discrimination, orientation (SexDis)
	Racial or ethnic origin (RacEth)
	Age (Age)
If other, p	please specify.
Please sp	ecify any concrete measures and activities undertaken at partnership level.
E.7. WOR	RKPLAN AND TASKS
	f the tasks carried out are different form those planned at application stage, please explain why.
II Some o	The tasks carried out the different those planned at application stage, please explain why.
E.8. COM	MUNICATION AND COOPERATION
	ald you describe the cooperation and communication between the participating organisations involved in your ip? Were all organisations equally involved?
<	





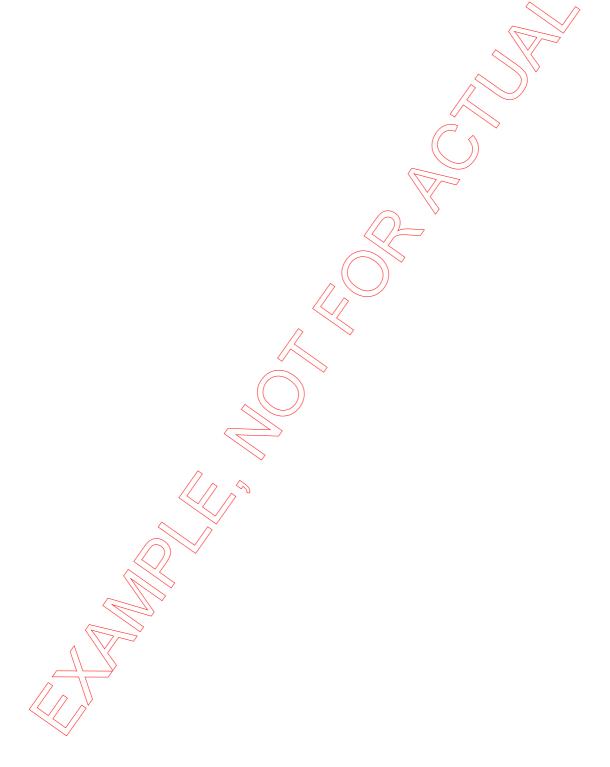
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E.9. PARTNERSHIP LANGUAGES

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





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E.10. EVALUATION E.10.1. PROGRESS MONITORING How did you monitor and evaluate the progress and the expected impact of the partnership? 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.





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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.

Туре	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				$\hat{\mathcal{G}}$	
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	





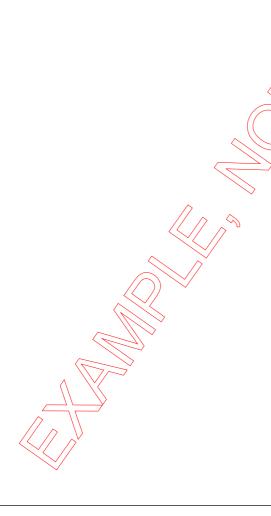
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To what extent were the planned activities previously stated at application stage achieved?

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.







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F.3. IMPACTS	
F.3.1. PUPILS/LEARNERS/TRAINEES	
What impact did the partnership have on the pupils/learners/trainees?	
AREA	RATING
Increased language skills (Pupil-Lang)	
Increased ICT skills (Pupil-ICT)	
Increased social skills (Pupil-Social)	
Increased motivation (Pupil-Motiv)	
Increased self-confidence (Pupil-Self)	
Increased knowledge about partner countries and cultures (Pupil-Culture)	
Other (Pupil-Oth)	
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)	
Increased ICT skills (Staff-ICT)	
Increased pedagogical skills (Staff-Pedag)	
Increased motivation (Staff-Motiv)	
Increased project management skills (Staff-PrjMng)	
Increased knowledge about partner countries and cultures (Staff-Culture)	
Other (Staff-Oth)	
Please comment on your choices.	,





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F.3.3. ORGANISATION	
What impact did the partnership have on you 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)	
Increased cooperation among staff (Home-StaffCoop)	
Other (Home-Oth)	
Please comment on your choices.	
F.3.4. LOCAL COMMUNITY	
What impact did the partnership have on the local community?	
AREA	RATING
Increased support and participation of family members (Local-Family)	
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)	
Please comment on your choices.	
E 2 F OTHER WARACTS	
F.3.5. OTHER IMPACTS	
Please describe any other impact you have noted.	





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F.4. DISSEMINATION How have you informed your organisation/other organisations/the local community of the results of your partnership? Please specify the dissemination activities carried out.



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F.5. SUSTAINABILITY

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







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F.6. MOBILITY PARTICIPATION				
Mobility Type of Grant Awarded	GRU-8M			
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)		7		
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				
F.6.1. MOBILITY PARTICIPATION SUMMAR	RY			
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	



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G. LESSONS LEARNED

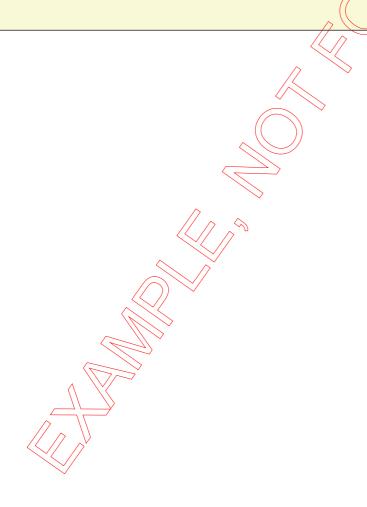
G.1. PROBLEMS/OBSTACLES ENCOUNTERED

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

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.)







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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
Concern Education	GR1 LLP (IKY)	GRU-8M	3	5	8

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





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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	2011-04-15 12:24:26 *	Form has not been submitted yet	D402140B40BED782	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")

