

## LIFELONG LEARNING PROGRAMME COMENIUS Application form 2013 for Comenius Individual Pupil Mobility

## PLEASE NOTE THAT THE TABLES REFERRED TO IN CERTAIN FIELDS OF THIS FORM CAN BE FOUND IN THE ANNEX.

#### **1.** SUBMISSION DATA

LLP Sub- Programme	Comenius	Action Type	Comenius Individual Pupil Mobility
Call	2013		
Working language/s	[Table B – Languages]		

Name of applicant	
institution	



#### **2.** GENERAL INFORMATION

Before completing this form, please read the relevant sections in the Lifelong Learning Programme Guide for Applicants 2013 and the 2013 Call for Proposals published by the European Commission and by your National Agency, which contain additional information on closing dates as well as the address of your National Agency to which the application must be sent. Links to these documents and further information can be found on the Lifelong Learning Programme website:

#### http://ec.europa.eu/education/llp/doc848\_en.htm

Before you start filling in this application form, you should also consult the specific 2013 Guide to the Comenius Individual Pupil Mobility which aims to help you in preparing and implementing the action. The 2013 Guide can be found on the website above.

Comenius Individual Pupil Mobility allows schools participating/having participated in a Comenius school partnership to take part in the action. The pupil exchanges may only take place between the schools which worked together in the same Comenius school partnership. The school which intends to send pupils is called a sending school. The school receiving pupils is called a host school. One sending school may send pupils to one or more host schools. Only a small group of pupils should be sent from one sending school to the same host school in order to facilitate the integration of pupils. The role of the sending school is to submit the application, to manage the grant according to the rules of the action and to report on the mobilities undertaken. The host school/s should be significantly involved in the preparation and implementation of the mobility/ies. The sending school has to sign the application form and the host school/s has/ve to sign the letter of intent.

#### Completion of the application form

This form should be entirely completed by the **sending school. The host school/s** must provide the necessary information to the sending school. The host school/s has/ve to sign the letter of intent (Annex 1) and return it to the sending school. The host school's/s' signature of the letter of intent does not need to be original but can be faxed/scanned. The sending school submits the application form completed in full, including the signed letter/s of intent by the host school/s, to its National Agency by **3 December 2012(date as postmark)**.

#### Evaluation and selection by the National Agency

The National Agency of the sending school will evaluate the quality of the applications received. On this basis, the National Agency may i) grant a lower number of mobilities and/or ii) decide to which host school/s the mobilities will be granted.

#### Steps to be taken by the selected sending school

Once the application is selected, the National Agency will indicate the number of pupils and the names of host schools granted via a letter of intent to the sending school by mid-February 2013. On the basis of this document, the sending school will (dates are indicative):

• carry out the selection of suitable pupils (by end of March 2013)

inform the host school/s that it/they can start looking for suitable host families (by end of March 2013)

• communicate the names of selected pupils to the host school/s by end of March 2013 so that they can be matched with suitable host families by end of April 2013

 communicate the names of selected pupils, the host school and the host family to its National Agency (by mid-May 2013; confirmation for the 2<sup>nd</sup> term by the end of November 2013)

• send the copies of the signed parental consent form and learning agreement to its National Agency when requested in the pre-grant and grant agreement

• fill in the pre-agreement form, taking into account the selected pupils, and send it to the National Agency by mid-May 2013. On the basis of the pre-agreement, the National Agency will issue a grant agreement with the sending school



Please note that each National Agency may request applicants to submit additional information in support of a Comenius Individual Pupil Mobility application. Each applicant should check on the website of its National Agency before submitting the form.

#### CHECKLIST

Before submitting the application, please make sure that it fulfils the requirements listed below.

The application has also been submitted on a CD-rom.

 $\hfill\square$  The application has been submitted by the applicant institution on 3 December 2012 at the latest (postmark date).

The application has been submitted using the correct application form.

 $\hfill\square$  The application has been submitted according to the instructions published by the National Agency.

 $\hfill\square$  The form is not hand written (except for the signature of Declaration and Letter/s of intent).

 $\Box$  The form has been completed in full.

The application form has been completed using one of the official languages of the EU.

 $\hfill\square$  The sending school and the host school(s) are (or have been) members of the same Comenius Partnership.

The sending school and the host school(s) are located in one of the countries participating in Comenius Individual Pupil Mobility (all LLP countries except for CY, DE, IE and UK).

Either the country of origin or the country of destination is a Member State of the EU.

 $\Box$  The copy submitted to the National Agency has been **signed** by the person authorised to enter into legally binding commitments on behalf of the applicant institution (sending school) or by a person duly authorised by the legal representative.

 $\Box$  The letter/s of intent submitted to the sending school has/ve been **signed** by the person authorised to enter into legally binding commitments on behalf of the host institution/s (or a person duly authorised by the legal representative).

 $\Box$  The applicant school caters for the age group of pupils eligible for the action (i.e. at least 14 years on the day of departure)

 $\Box$  The applicant institution has fulfilled its contractual obligations in relation to any earlier grants received from the National Agency. (exclusion criterion)



## **3. SENDING SCHOOL**

#### 3.1 ORGANISATION

Full Legal Name	[In national language and characters]						
	[In Latin characters - where originals are not in Latin characters]						
Type of	[Table C – Ty	Table C – Type of organisation]					
Organisation				-			
Legal Status	🗆 Private	Public		Size (nr of			
-				pupils)			
Commercial	🗆 Profit	🗆 Non pro	fit				
Orientation							
Address	Street – Number						
Postcode		City			Region		
Telephone				Fax			
Country			Scop	е	[Ta	ble D –	
					Ge	ographical Scope]	
Organisation's			Natio	onal Agency o	of [Ta	ble A – National	
national ID (if	the Sending Agencies]						
applicable)	organisation						
Organisation's				isation's e-m	nail		
website (if			(if ap	olicable)			
applicable)							

#### 3.2 CONTACT PERSON

This person will be informed of the administrative result of the application and will be in charge of the administration related to the Comenius Individual Pupil Mobility.

Title		First na n	ne			
Family name						
Department						
Position						
Work Address	Street – N	umber (if	differe	nt from	nabove)	
Postcode		City				
Country						
Telephone 1					Telephone 2	
Mobile					Fax	
E-mail address						

## **3.3** CONTACT TEACHER FOR THE COMENIUS PUPIL/S

This person will be the liaison between the sending and host school/s and between the sending school and the National Agency.

Title	First name	
Family name		
Department		
Position		
Private	Street – Number	
Address		
Postcode	City	
Country		
Telephone 1		Telephone 2
Mobile		Fax



E-mail address

## **3.4** PERSON AUTHORISED TO SIGN THE GRANT AGREEMENT

The person who legally binds his/her institution and will sign the contract if the application is successful.

Title		First na	me				
Family name							
Organisation							
Department							
Position							
Work address	Street – N	lumber					
Postcode		City					
Country							
Telephone				Fax			
E-mail address							



#### 4. HOST SCHOOL DATA

To add more host schools, please make additional copies of the section 4. The sending school should put the host schools in the same order as in the table in section 8.

### HOST SCHOOL NR 1

### 4.1 ORGANISATION

Full Legal Name	[In national	[In national language and characters]					
	[In Latin c	haracters - v	where o	riginals are not in	Latin	characters]	
Type of	[Table C – Type of organisation]						
Organisation							
Legal Status	Private	D Public		Size (nr of pupils)			
Commercial Orientation	🗆 Profit	Profit Non profit					
Address	Street – Nu	Street – Number					
Postcode		City		Reg	jion		
Telephone				Fax			
Country			Scop	e	-	ole D – graphical Scope]	
Organisation's national ID (if applicable)				onal Agency of lost school	[Tab	ole A - Agencies]	
Organisation's website (if applicable)				nisation's e-mail plicable)			

## 4.2 CONTACT PERSON

This person will be in charge of the administration related to the Comenius Individual Pupil Mobility.

Title	First name	
Family name		
Department		
Position		
Work address	Street – Number (if different fro	m above)
Postcode	City	
Country		
Telephone 1		Telephone 2
Mobile		Fax
E-mail address		

## 4.3 MENTOR

This person will be in charge of the pupil's well-being during his/her stay in the host school.

Title	First name
Family name	
Department	
Position	
Private	Street – Number



Address			
Postcode	City		
Country			
Telephone 1		Telephone 2	
Mobile		Fax	
E-mail address			

## 4.4 CONTACT TEACHER

(If different from above) This person will be in charge of preparing and the follow-up of the learning agreement, i.e. an agreement between the sending, the host school and the pupil on the content of the studies in the host school.

Title	First name	
Family name		
Department		
Position		
Private	Street – Number	
Address		
Postcode	City	
Country		
Telephone 1		Telephone 2
Mobile		Fax
E-mail address		

### **4.5** PERSON AUTHORISED TO SIGN THE LETTER OF INTENT

The person who legally binds his/her institution and will sign the letter of intent.

Title	Fi	rst na me		
Family name				
Organisation				
Department				
Position				
Work address	Street – Numb	ber		
Postcode		City		
Country				
Telephone			Fax	
E-mail address				

Project number	
Title	
Start year	
End year	

4.6 RELEVANT COMENIUS PARTNERSHIP



## 5. DESCRIPTION OF THE PLANNED COMENIUS PUPIL MOBILITY/IES

5.1 SUMMARY

**Summary of the planned Comenius Individual Pupil Mobility/ies in the working language of the project.** Please describe the project and explain if and to what extent it will be linked to your Comenius school partnership and other forms of the existing cooperation between your schools. If you intend to send pupils to more than one host school, please specify for each host school separately. This summary may be used by the European Commission and/or the National Agency when providing information on selected projects, so please be clear and precise and do not exceed 200 words.

If relevant, please provide the translation of the summary into English

# **5.2** OBJECTIVES OF THE MOBILITY AND RELEVANCE TO THE SCHOOL COOPERATION

Please explain the objectives of the planned pupil mobility programme and, if applicable, how these objectives will contribute to further improvement of existing cooperation with the host school/s. If you intend to send pupils to more than one host school, please specify your objectives for each school separately.



### 5.3 LEARNING AGREEMENT AND RECOGNITION

Please explain how you intend to set up the learning agreement between your school and the host school/s and to which extent you will recognise the pupil's studies abroad (e.g. which subjects, which duration). Specify also how you plan to involve the pupil in the creation of the learning agreement.

Indicate whether, in the collaboration with the host school, you intend or not to deliver a Europass mobility certificate:

Yes 🗆 🛛 No 🗆

#### 5.4 IMPACT AND BENEFITS OF EUROPEAN COOPERATION

What impact and benefits of European cooperation do you expect Comenius Individual Pupil Mobility to have on persons (pupils and staff) and on the participating institutions? Describe the measures you intend to take in order to ensure that the school community as such benefits from the action.



#### **6. PROJECT IMPLEMENTATION**

# **6.1** DESCRIPTION OF THE CURRENT COOPERATION BETWEEN THE SENDING AND THE HOST SCHOOL/S

Please describe *BRIEFLY* the forms of the *CURRENT* cooperation between *yOUR SCHOOL AND THE HOST schOOL/s*. If you intend to send pupils to more than one host school, please specify for each host school separately.

# 6.2 INVOLVEMENT OF SCHOOLS. COOPERATION AND COMMUNICATION

Please explain:

1) the specific role of each school and its contribution to the planned mobility activities

2) how the cooperation and communication between participating institutions will be organised in order to achieve set objectives.

## 6.3 SELECTION OF PUPILS

Please describe how the selection will be carried out. Specify also the selection criteria and the procedure you are going to apply for the selection of suitable pupils.



#### COMENIUS INDIVIDUAL PUPIL MOBILITY

### 6.4 SUPPORT FOR PUPILS BEFORE THE MOBILITY

Please explain how you are going to support the selected pupils and their families before the mobility (e.g. cultural and linguistic preparation for pupils, information sessions for parents), during the mobility (e.g. regular contact with the pupil and his/her family) and after the mobility (help to evaluate the stay and re-integrate back to the home school).

### 6.5 MEASURES TO ENSURE PROTECTION/SAFETY FOR PUPILS

Please explain which measures you will take to ensure the protection/safety of the pupils (such as safe travel arrangements, regular follow-up by the contact teacher).

#### 6.6 SUPPORT FOR THE CONTACT TEACHER

Please explain how you are going to support the contact teacher and to recognise his/her extra-work.

## 6.7 INFORMATION ON HOSTING PUPILS FROM OTHER SCHOOLS

A. If you plan to host pupils from any of the schools mentioned in the table in section 8 of this form, please give the name/s of the school/s below. Reciprocity is strongly recommended. Please indicate also whether the reciprocal mobilities will take place within the same school year or in another school year.



B. If you plan to host pupils, within the Comenius Individual Pupil Mobility, from a school/schools NOT mentioned in the table in section 8 of this form, please give the name and the country of the school/s below. This information is important for your National Agency.

## 6.8 SUSTAINABILITY

Please explain how the participation of your school in the Comenius Individual Pupil Mobility will contribute to sustainable cooperation between your school and the host school/s in the future.



#### 7. DESCRIPTION AND IMPLEMENTATION OF THE PLANNED COMENIUS PUPIL MOBILITY/IES BY THE HOST SCHOOL/S

This section should be filled in with the data received from the host school/s. To add the description of the planned pupil mobility/ies by further host schools, please make additional copies of the section 7. The sending school should put the host schools in the same order as in the table in section 8.

HOST SCHOOL NR 1

Full name of the host school:Country of the host school:

### 7.1 SELECTION OF HOST FAMILIES

Please describe how the selection will be carried out. Specify also the selection criteria and the procedure the host school is going to apply for the recruitment and selection of suitable host families.

### 7.2 SUPPORT FOR THE HOST FAMILIES

Please explain how the host school is going to support the host families before (e.g. information sessions) and during the mobility (e.g. regular communication).

## 7.3 SUPPORT FOR PUPILS

Please explain what the host school can offer to the incoming pupils and how the host school is going to support them during their stay in the school (e.g. regular contact with the pupil, linguistic support, extra-curricular activities).



## 7.4 MEASURES TO ENSURE PROTECTION/SAFETY FOR PUPILS

Please explain which measures the host school will take to ensure the protection/safety of the pupils (such as safe travel arrangements, establishment of crisis procedures and list of contacts for emergency situations, regular follow-up by the mentor).

## 7.5 SUPPORT FOR THE MENTOR

Please explain how the host school is going to support the mentor and to recognise his/her extra-work.



#### **8. PROVISIONAL REQUEST FOR PUPIL MOBILITIES**

Please fill in the table below. If you intend to send pupils to two or more host schools, please put the host schools in <u>priority order</u>. If you intend to send pupils to more than three host schools please add rows. You can also add rows if you intend to send pupils to the same host school but for different durations or for pupils of different age.

NAME OF THE HOST SCHOOL	CITY OF THE HOST SCHOOL	COUNTRY OF THE HOST SCHOOL	NUMBER OF EXPECTED PUPILS	DURATION OF STAY IN MONTHS	AGE RANGE





You will be requested by your National Agency to fill in the complete grant request if your application is approved and once the pupil/s has/have been selected.

COMENIUS

**INDIVIDUAL** 

**PUPIL MOBILITY** 



## **10.** DECLARATION OF HONOUR OF APPLICANT INSTITUTION (SENDING SCHOOL)

To be signed by the person legally authorised to enter into legally binding commitments on behalf of the applicant institution.

#### I, the undersigned,

Request from my National Agency a grant for my organisation as set out in section 8 of this application form.

#### Declare that: •

- All information contained in this application, is correct to the best of my knowledge.
- The organisation I represent has the adequate legal capacity to participate in the call for proposals.

EITHER

The organisation I represent has financial and operational capacity to complete the proposed action or work programme

OR

The organisation I represent is considered to be a "public body" in the terms defined within the Call and can provide proof, if requested of this status, namely: It provides learning opportunities and

- Either (a) at least 50% of its annual revenues over the last two years have been received from public sources;
- Or (b) it is controlled by public bodies or their representatives

I am authorised by my organisation to sign Community grant agreements on its behalf.

#### Certify that:

The organisation I represent:

• is not bankrupt, being wound up, or having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, nor is it in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

• has not been convicted of an offence concerning its professional conduct by a judgment which has the force of `res judicata';

• has not been guilty of grave professional misconduct proven by any means which the National Agency can justify ;

• has fulfilled its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established or those of the country where the grant agreement is to be performed;

• has not been the subject of a judgment which has the force of 'res judicata' for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;

• it is not currently subject to an administrative penalty referred to in Article 96(1) of the Financial Regulation (Council Regulation 1605/2002 of 25/06/02, as amended).

#### Acknowledge that:

The organisation I represent will not be awarded a grant if it finds itself, at the time of the grant award procedure, in contradiction with any of the statements certified above, or in the following situations:

• subject to a conflict of interest (for family, personal or political reason or through national, economic or any other interest shared with an organisation or an individual directly or indirectly involved in the grant award procedure);

• guilty of misrepresentation in supplying the information required by the National Agency as a condition of participation in the grant award procedure or has failed to supply this information.



In the event of this application being approved, the National Agency has the right to publish the name and address of this organisation, the subject of the grant and the amount awarded and the rate of funding.

I acknowledge that administrative and financial penalties may be imposed on the organisation I represent if it is guilty of misrepresentation or is found to have seriously failed to meet its contractual obligations under a previous contract or grant award procedure.

#### **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 National 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 any time. (http://www.edps.europa.eu/00\_home.htm).

I, the undersigned, am aware that the participating pupils must be aged at least 14 on the day of departure [the age to be adapted by the NA according to the national rules.] and must be enrolled full-time in the school I represent. I am also aware that participating pupils must be nationals of or be living in one of the eligible countries under the conditions fixed by the participating country.

I request a Comenius Individual Pupil Mobility grant for the activities set out in this application. I understand that the school I represent is responsible for managing and distributing the funds in accordance with the rules for the action. I understand that all personal data obtained in order to implement this action must be kept as confidential. I have read and understood the roles and responsibilities of the sending school as stated in the *Guide to Comenius Individual Pupil Mobility*.

Signature of legal representative:
Date:
Name of legal representative:
Position within the organisation:
Name of the applicant organisation:

Stamp of the organisation (if required by your National Agency):



## Annex 1 to 2013 Comenius Individual Pupil Mobility Application Form – Letter of intent by the host school/s

The letter of intent has to be signed by the person legally authorised to enter into legally binding commitments on behalf of the host institution. The sending school should put the letter/s of intent by the host school/s in the same order as in the table in section 8, add them to the completed application form and send to the NA.

#### **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 National 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 any time. (http://www.edps.europa.eu/00 home.htm).

I, the undersigned, endorse the application for Comenius Individual Pupil Mobility. I am aware that the organisation I represent is obliged i) to nominate a mentor and ii) to select a host family for the incoming pupil/s. I understand that all personal data obtained in order to implement this action must be kept as confidential. I have read and understood the roles and responsibilities of the host school as stated in the *Guide to Comenius Individual Pupil Mobility*.

Signature of legal representative: \_\_\_\_\_

Date: \_\_\_\_\_

Name of legal representative: \_\_\_\_\_

Position within the organisation: \_\_\_\_\_

Name of the host institution: \_\_\_\_\_

Stamp of the organisation (if applicable):

For further reference, please indicate the name of the applicant institution (sending school):

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## Annex 2 to 2013 Comenius Individual Pupil Mobility Application Form – LLP reference tables

The tables below should be used when filling in the 2013 Comenius Individual Pupil Mobility application form. Whenever a field in the application form refers to a table, the options available for filling the field can be found in the tables below. If a code is provided, please type in both the code and the description.

#### A. National Agencies

AT1	Austria	
BE1	Belgium German-speaking community	
BE2	Belgium French-speaking community	
BE3	Belgium Dutch-speaking community	
BG1	Bulgaria	
CH1	Switzerland	
CZ1	Czech Republic	
DK1	Denmark	
EE1	Estonia	
ES1	Spain	
FI1	Finland	
FR1	France	
GR1	Greece	
HR1	Croatia	
HU1	Hungary	
IS1	Iceland	
Π2	Italy	
LI1	Liechtenstein	
LT1	Lithuania	
LU1	Luxembourg	
LV1	Latvia	
MT1	Malta	
NL1	Netherlands	
NO1	Norway	
PL1	Poland	
PT1	Portugal	
RO1	Romania	
SE1	Sweden	
SI1	Slovenia	



#### COMENIUS INDIVIDUAL PUPIL MOBILITY

SK1	Slovakia
TR1	Turkey

#### B. Languages

BG - Bulgarian
CS - Czech
DA - Danish
DE - German
EN - English
ET - Estonian
FI - Finnish
FR - French
IS - Icelandic
GA - Irish
EL - Greek
HU - Hungarian
IT - Italian
LV - Latvian
LT - Lithuanian
MT - Maltese
NO - Norwegian
NL - Dutch
PL - Polish
PT - Portuguese
RO - Romanian
SK - Slovak
SL - Slovenian
ES - Spanish
SV - Swedish
TR - Turkish

#### C. Type of organisation

EDU-SCHPrm - Primary school	
EDU-SCHSec - General secondary school	
EDU SCHVoc - Vocational or technical	
secondary school	
EDU-SPNeed - Establishment for	
leamers/pupils with special needs	
OTH - Other	

#### D. Geographical Scope

L - Local
R - Regional
N - National
E - European
I - International