

A. GENERAL INFORMATION

Before completing this application form, please read the relevant sections in the 2012 Call for Proposals published by the European Commission and by your National Agency and the Lifelong Learning Programme Guide for 2012 which contain additional information e.g. the specific priorities for that year. 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

and on your National Agency website, whose address is available upon selecting the National Agency in the field below.


This application form should be completed by the applicant of the proposed mobility project, in cooperation with the planned partners. The application must be submitted to the National Agency of the country of the applicant by 03-02-2012. In accordance with standard European Commission practice, the information provided in your application form may be used by the Commission to evaluate the Lifelong Learning Programme. The relevant data protection regulations will be respected.

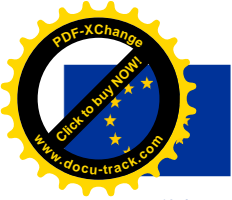
B. SUBMISSION

B.1. CONTEXT

| | |
|----------------------|---|
| Programme | LIFELONG LEARNING PROGRAMME |
| Sub-programme | LEONARDO DA VINCI |
| Action type | MOBILITY |
| Action | LEONARDO DA VINCI IVT (Initial Vocational Training) |
| Call | 2012 |
| Deadline | 03-02-2012 |
| Application language | IS - Icelandic |
| Project duration | 24 months |

B.2. PROJECT IDENTIFIERS

| | |
|-----------------|--|
| Project title | Heiti verkefnisins |
| Project acronym | Skammstöfun / stutt heiti verkefnis - stundum er gott að stytta nafn eða skammstafa. |
| Applicant name | Nafn íslensks umsækjanda - t.d. Skóli A |
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Education and Culture DG

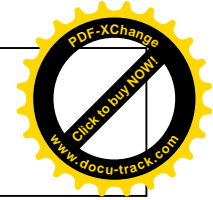
Lifelong Learning Programme

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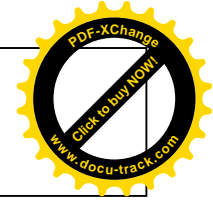
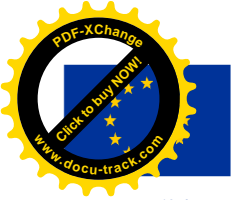
Leonardo da Vinci Mobility

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B.3. NATIONAL AGENCY

| | |
|----------------|---|
| Identification | IS1 LLP (LME) |
| Postal address | Landskrifstofa Menntaáætlunar ESB, Dunhaga 5, 107 Reykjavík |
| Email address | lme@hi.is |
| Helpdesk | lme@hi.is |
| Website | www.lme.is |

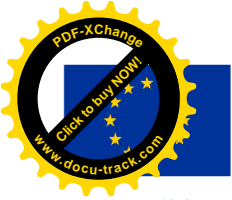


C. ACTORS IDENTIFICATION

C.1. APPLICANT ORGANISATION

C.1.1. ORGANISATION

| | |
|--------------------------------------|---|
| Full legal name (national language) | Nafn íslensks umsækjanda - t.d. Skóli A |
| Full legal name (latin characters) | Nafn íslensks umsækjanda - t.d. Skóli A |
| Acronym | Stutt nafn umsækjanda, ef við á |
| National id (if requested by the NA) | Kennitala umsækjanda |
| Type of organisation | Vocational or technical secondary school (EDU-SCHVoc) |
| Commercial orientation | For profit (P) |
| Scope | regional (R) |
| Legal status | public (PB) |
| Economic sector | P85.3 - Secondary education |
| Size (staff) | staff 51 to 250 |
| Legal address | Heimilisfang umsækjanda |
| Postal code | Póstnúmer |
| City | Borg |
| Country | IS - ICELAND |
| Region | IS00 - Ísland |
| Telephone 1 | 555555 |
| Telephone 2 | 555555 |
| Fax | 555555 |
| Email | emai@bla.is |
| Website | www.bbb.is |



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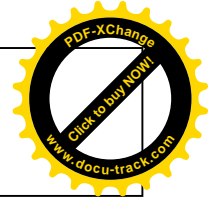
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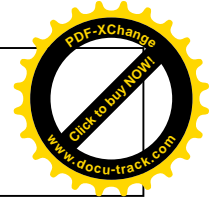
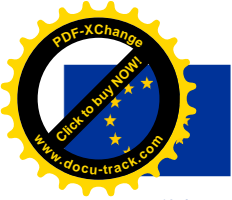
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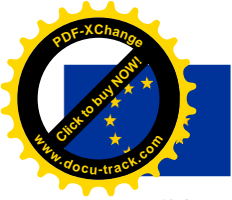
C.1.2. CONTACT PERSON

| | |
|--|---|
| Title | |
| First name | Nafn tengiliðs / verkefnastjóra verkefnisins |
| Family name | Eftirnafn tengiliðs / verkefnastjóra verkefnisins |
| Department | Starfsnámsdeild |
| Position | Verkefnastjóri |
| <input checked="" type="checkbox"/> Same address as the organisation | |
| Telephone 1 | 4444444 |
| Telephone 2 | 5555555 |
| Mobile | 6666666 |
| Fax | 7777777 |
| Email | verkefnastjori@bla.is |



C.1.3. PERSON AUTHORISED TO SIGN THE GRANT AGREEMENT

| | |
|--|---|
| Title | |
| First name | Nafn þess sem hefur heimild til að skuldbinda fjárhagslega þá stofnun sem er að sækja um (skóla, stofnun, félag, fyrirtæki, o.s.frv.) |
| Family name | Eftirnafn þess sem má skrifa undir umsóknina fyrir hönd stofnunar |
| Organisation | Nafn íslensks umsækjanda - t.d. Skóli A |
| Department | Deild |
| Position | Oft er þetta skólameistari, framkvæmdastjóri o.s.frv |
| <input checked="" type="checkbox"/> Same address as the organisation | |
| Telephone 1 | 2222222 |
| Telephone 2 | 3333333 |
| Mobile | 4444444 |
| Fax | 5555555 |
| Email | bla@kk.is |



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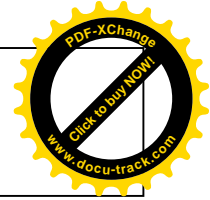
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C.1.4. DESCRIPTION

Please describe the size, scope of work, areas of specific expertise and competence; experience of the institution including staff experience in the field covered by the project.

Lýsing á þeirri stofnun / fyrirtæki / samtökum / skóla sem ber ábyrgð á umsókninni. Sérhæfing og svið stofnunar og hæfni hennar sem og starfsfólks til að framkvæma viðkomandi verkefni.
Athugið að skoða spurninguna hér fyrir ofan og passið að lýsingin taki mið af verkefninu sem er verið að sækja um.

C.1.5. BACKGROUND/EXPERIENCE

The Leonardo da Vinci mobility certificate has already been granted to this applicant organisation in recognition of its quality and you are applying again with a simplified application form.

No

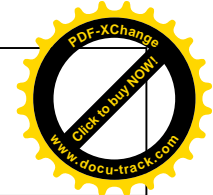
Please indicate similar or related projects funded by the LLP programme and/or its former programmes or funded by other similar programmes in the last five years.

| Year | Programme | Type of Activity | Agreement number | Organisation/ Coordinator | Title of the project | Website |
|------|-------------------|------------------|------------------|---------------------------|----------------------|---------|
| 2010 | Leonardo da Vinci | Mobility | 164004 | School A | School project | |

C.1.6. PROSPECTION

Is the organisation's involvement in this project application the result of:

Contact seminar (EVENT02)



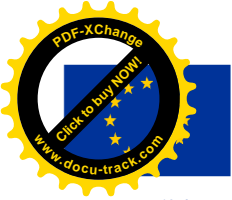
C.2. PARTNER ORGANISATION

Partner nr

1

C.2.1. ORGANISATION

| | |
|--------------------------------------|---------------------------------|
| Role | Host Partner (HO-PA) |
| Full legal name (national language) | Nafnið á samstarfsaðila nr. 1 |
| Full legal name (latin characters) | Nafnið á samstarfsaðila nr. 1 |
| National id (if requested by the NA) | Kennitala stofnunar |
| Type of organisation | Chamber of crafts (ENT-CHCrft) |
| Commercial orientation | Not for Profit (NP) |
| Scope | regional (R) |
| Legal status | public (PB) |
| Economic sector | F41 - Construction of buildings |
| Size (staff) | staff 21 to 50 |
| Legal address | Heimilisfang |
| Postal code | Póstnúmer |
| City | Borg |
| Country | SE - SWEDEN |
| Region | SE11 - Stockholm |
| Telephone 1 | 4444444 |
| Telephone 2 | 5555555 |
| Fax | 6666666 |
| Email | ddd@de.se |
| Website | |



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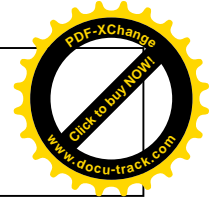
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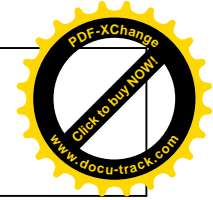
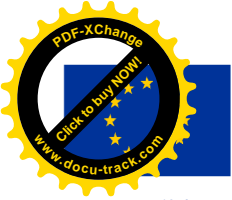
C.2.2. DESCRIPTION

Please describe the size, scope of work, areas of specific expertise and competence; experience of the institution including staff experience in the field covered by the project.

Lýsing á þeirri stofnun / fyrirtæki / samtökum / skóla sem ber ábyrgð á því að taka á móti þeim einstaklingum sem taka þátt í verkefninu og fara í ferðir /lengri dvöl. Hvert er starfssvið stofnunarinnar? stærð hennar? sérstök þekking á því sviði sem verkefnið snýst um? og hvernig er starfsfólkið hæft til þátttöku í verkefninu. Skoðið spurninguna hér fyrir ofan og passið að lýsingin taki mið af verkefninu sem er verið að sækja um.

ADD PARTNER

DELETE LAST PARTNER



D. PROJECT DESCRIPTION

D.1. SUMMARY

Please provide a short summary of your proposal, explaining shortly who will be involved in the project, which needs are addressed, which are the main aims and expected outcome, where and when the mobilities will take place

Hér þarf að gefa gott yfirlit yfir verkefnið þannig að sá sem les fái góða yfirsýn og skilji strax út á hvað verkefnið gengur.

Hverjir eru þátttakendur (ekki er átt við nafngreinda einstaklinga heldur markhópin, t.d. nemendur í smíði við ákveðinn starfsmenntaskóla), hverjar eru þarfirnar, markmið og áætluð niðurstaða. Hvert er áætlað að fara og hvenær.

Ef þú skrifar umsóknina á íslensku er SKYLDA að setja hér inn samantekt (summary) á ensku.

NAUÐSYNLEGT er að skrifa hér yfirlit/ summary á ensku ef umsóknin er skrifuð á íslensku. Þessi kassi kemur ekki upp ef enska er tungumál umsóknarinnar og valið í kafla B.1

D.2. RATIONALE

Please describe your group of participants (Type, training/professional area, level of training, specific needs and/or circumstances)

Lýsið hverjir styrkþegarnir eru, í hvaða námi, vinnu o.s.frv. Hvaða nám eða reynslu þeir hafa að baki og hverju á að bæta við og hvers vegna. Hafi þátttakendur; allir eða hluti þeirra ákveðnar sérþarfir sem hafa áhrif á verkefnið ber að segja frá því hér.

Describe the relevance of the project for the participants' training/professional development as well as for the personal development, and the intercultural and language competences of the individual participants

Hvernig hæfir verkefnið faglegum þörfum þátttakenda? Hvernig mun fyrirhuguð dvöl/kynnisferð nýtast þátttakendum í námi, vinnu og persónulega sem leið til að efla þekkingu og hæfni viðkomandi.

Athugið að í VETPRO umsóknum ber að leggja áherslu á þörf viðkomandi stofnunar og/eða fagsviðs fyrir þá þekkingu sem þátttakendur munu afla sér í ferðinni.

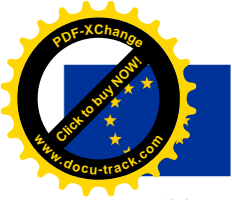
D.3. PROJECT OBJECTIVES AND STRATEGY

Please describe the specific aims and the content of your project with regard to the needs of the participants defined above.

Hvernig tengjast sérstök markmið verkefnisins og innihald þess þörfum þátttakenda (og/eða viðkomandi stofnana) sem lýst var í kaflanum fyrir ofan

Please show how planned duration of stays abroad and the choice of receiving partners will meet these aims.

Hér þarf að skýra það að dvalarlengd og samstarfsaðilar hæfi markmiðum verkefnisins.



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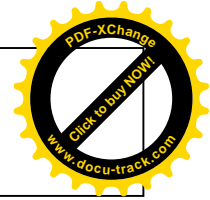
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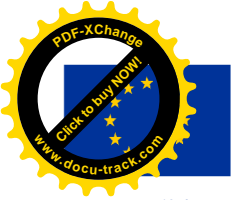
D.4. CERTIFICATION

Validation of acquired skill: Every participant should be delivered a Europass Mobility for the period abroad. How else will the validation (and/or accreditation) of the period abroad be ensured? Who will validate the acquired skills?.

Í öllum verkefnum ársins 2012 verður farið fram á notkun Europass starfsmenntavegabréfs sem staðfestingu á dvöl en endilega einnig að nefna það í umsóknunum að nota eigi Europass.

Staðfesting og mat á starfsþjálfun er afar mikilvægur þáttur mannaskiptaverkefna, sérstaklega IVT/nemendaverkefna og því ber að skýra það hvernig nemendur fá dvölinu / starfsþjálfunina metna í námi. Hvernig verður staðið að mati og/eða einingagjöf fyrir starfsþjálfunina? og hver mun meta þá þekkingu sem aflað hefur verið.

Staðfesting á dvöl og mat er einnig mikilvægt fyrir aðra markhópa; PLM og VETPRO og nauðsynlegt að skýra vel hvernig staðið verður að mati og staðfestingu



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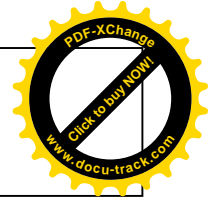
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E. PROJECT MAIN FOCUSES

E.1. RELEVANCE TOWARDS THE OBJECTIVES OF THE PROGRAMME AND THE EUROPEAN PRIORITIES SET OUT IN THE CALL FOR PROPOSALS

Please tick below the objectives of the Leonardo da Vinci programme that your Mobility project will address.

- To improve the quality and to increase the volume of mobility throughout Europe of people involved in initial vocational education and training and in continuing training, so as to increase placements in enterprises to at least 80.000 per year by the end of the LLP (LEO-OpObj-1)
- To improve the quality and to increase the volume of co-operation between institutions or organisations providing learning opportunities, enterprises, social partners and other relevant bodies throughout Europe (LEO-OpObj-2)
- To facilitate the development of innovative practices in the field of vocational education and training other than at tertiary level, and their transfer, including from one participating country to others (LEO-OpObj-3)
- To improve the transparency and recognition of qualifications and competences, including those acquired through non-formal and informal learning (LEO-OpObj-4)
- To encourage the learning of modern foreign languages (LEO-OpObj-5)
- To support the development of innovative ICT-based content, services, pedagogies and practice for lifelong learning (LEO-OpObj-6)

If applicable, please indicate the national priorities your mobility project will address.

National priorities /séríslenskir forgangsaðilar – gefa aukapunkta í mati og ef verkefni tengjast skilgreindum forgangsaðilum 2012 ber að skýra það hér:
Aðilar sem skipuleggja starfs- og vinnustaðanám, t.d. starfsmenntaskólar og starfsgreinaráð. Áhersla skal lögð á vinnustaðapjálfun í verkefnum.

Umsóknir sem snúa að þessum forgangsaðilum fá aukapunkta í mati umsókna og þannig forgang í umsóknaferli verkefna.

Please describe the relevance of the project in your context (national and/or regional or other) and in the context of the programme objectives chosen by you.

Hér á að skýra mikilvægi verkefnisins í umhverfi umsækjandans. Einnig ber að skýra hvernig verkefnið mun stuðla að því að ná þeim markmiðum Leonardo áætlunarinnar sem merkt er við hér að ofan.

E.2. EDUCATIONAL FIELDS

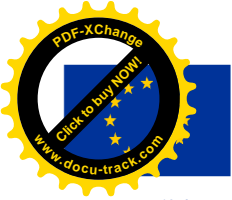
Please give an indication of the numbers according to your planning at application stage.

| Number of Participants | Field of education |
|------------------------|--------------------------------------|
| 5 | Building and civil engineering (582) |
| 5 | Total number of participants |

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EN



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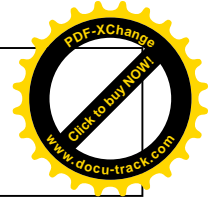
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E.3. HORIZONTAL ISSUES

Persons with special needs: If applicable, please describe the measures you intend to take to help people with special needs to take part in the Project.

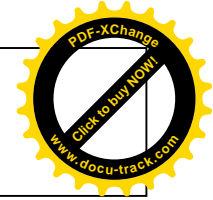
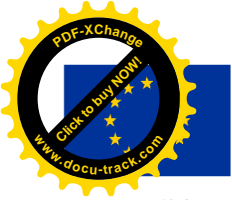
Ef við á skal hér skýra hvernig leitast verður við að stuðla að þátttöku fólks með sérþarfir.

Other horizontal issues (only if specifically addressed with the project)

- 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)

Only if applicable, please describe shortly how your project will specifically address this other horizontal issue.

Aðeins ef við á skal skýra hvernig leitast verður við að aðstoða fólk með sérþarfir eða ef unnið er að eflingu stöðu minnihlutahópa eða jöfnun stöðu fólks í þjóðfélaginu.

**F. PROJECT IMPLEMENTATION****F.1. WORKPLAN AND TASKS**

Indicate which specific tasks are to be assigned to each organisation involved and describe the number and the profile of personnel to be involved in the project. Indicate the planned start and end dates of mobility flows.

| Organisation | Task description |
|---|---|
| Nafn íslensks umsækjanda - t.d. Skóli A | Lýsing á verkefnum umsækjandans/verkefnisstjórans í verkefninu. Hversu margt starfsfólk mun taka þátt í að vinna verkefnið. |
| Nafnið á samstarfsaðila nr. 1 | Lýsing á verkefnum móttakanda í verkefninu. Gott er að greina frá því hvenær heimsóknir/ námsdvöl er fyrirhuguð. |

+

-

Specify also work plan and timetable

Hér á að gera grein fyrir vinnu- og tímaáætlun verkefnisins í heild sinni.

Um er að ræða hvenær undibúningur hefjist, hvenær ferðirnar eru áætlaðar, eftirfylgni, mat og lok verkefnis.

F.2. COOPERATION AND COMMUNICATION

Please explain how the training content has been/will be agreed with your receiving partners and fixed for the participants.

Hér er mikilvægt að sýna fram á sannfærandi aðferð við undirbúning og framkvæmd verkefnis og einstakra heimsókna/ferða ef mögulegt er. Það er t.d. góð leið að nýta samningsform mannaskiptaverkefna (samningur sendanda, móttakanda og þátttakenda) til að skilgreina hlutverk í undirbúningsferlinu.

F.3. PARTICIPANTS INVOLVEMENT

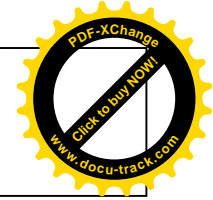
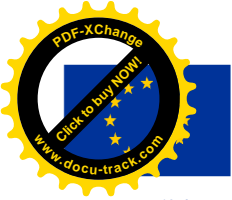
Information and Selection: Describe how your participants have been/will be informed and selected (selection criteria).

Hvernig verður staðið að upplýsingagjöf um verkefnið og vali á styrkþegum.

F.4. PREPARATION

Preparation: Describe how and when the participants have been/will be prepared for the stay abroad; discuss pedagogical, cultural and linguistic preparation they will receive?.

Undirbúningur styrkþega; hvernig verður staðið að undirbúningi styrkþega. Þeir sem munu sækja um styrk til tungumála- og menningarundirbúnings (tafla H2) þurfa að rökstyðja það hér. Þyki matsmanni áætlanir um undirbúning ekki nægilega góðar/ítarlegar er mögulegt að mælt sé með því að hafna þeim hluta umsóknarinnar.



Það er mismikil krafa um menningar- og tungumálaundirbúning þátttakenda og fer það eftir tegund verkefna og lengd dvalar. Ekki er veittur styrkur fyrir undirbúning þátttakenda í starfsmannaverkefnum (VETPRO)

F.5. MANAGEMENT

Practical support: what kind of practical and logistic support do participants receive within the project (travel arrangements, insurance, visa, accommodation, social security...).

Hvernig verða praktísk verkefni útfærð; þanta og kaupa flug, útvega húsnæði, veita upplýsingar um félagsleg réttindi, tryggingarmál o.s.frv.

Monitoring: Describe how participants will be supervised during their training placement; who will monitor their work programme and progress; how will it be carried out? Where applicable, explain the need of accompanying persons.

Hvernig og hversu oft verður fylgst með framvindu styrkþega og hvernig verður stuðningur við hann? Þetta á sérstaklega við þegar um lengri starfsþjálfun er að ræða.

Ef sækja á um styrk fyrir fylgdarmann vinsamlegast rökstyðjið þörfina hér.

Project Management: describe your project management (responsibilities, contractual, financial arrangements, management of difficult situations).

Umsýsla og skipulag verkefnisins. Hvernig verður staðið að verkefnisstjórn, þ.m.t. samningagerð, ráðstöfun og fyrirkomulag fjármála, gæðum verkefnisins og umsýslu. Einnig ábyrgð þeirra aðila sem að framkvæmd verkefnisins koma (sendanda, móttakanda og þátttakanda)

F.6. EVALUATION

Discuss your process for evaluation, at participant and project level. How will the results be used?

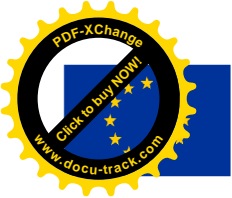
Hvernig verður staðið að mati verkefnisins og nýtingu niðurstaðna, bæði hvað varðar þátttakandann sjálfan og verkefnið. Hver ber ábyrgð á þeim þætti og hvernig er fyrirhugað að nýta niðurstöður. Athugið að áherslur eru mismunandi eftir því hvort um nemaverkefni er að ræða eða starfsmannaverkefni.

F.7. DISSEMINATION OF RESULTS

What are the expected results and how are they planned to be disseminated and shared with other organisations, for example at sectoral and/or national and/or transnational level?

Niðurstöður; nýting, kynning og dreifing þeirra. Hvernig er fyrirhugað að standa að dreifingu niðurstaðna til annara sem geta haft ávinnining af því að heyra um þær, t.d. í sömu starfsgrein, á sama svæði, innanlands eða alþjóðlega.

Athugið að áhersluatriði eru mismunandi eftir því hvort um nemaverkefni er að ræða eða starfsmannaverkefni. Í starfsmannaverkefnum er dreifing niðurstaðna og nýting upplýsinga eitt af grundvallaratriðum umsóknanna.



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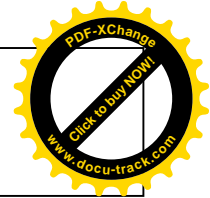
Lifelong Learning Programme

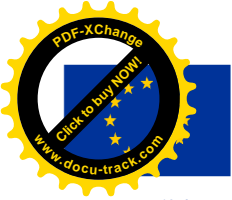
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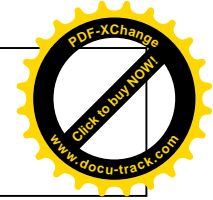
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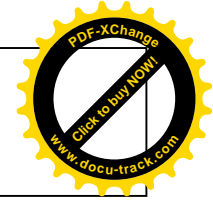
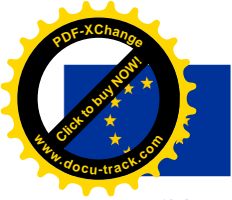
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G. PARTICIPANTS AND ACTIVITIES

Describe the training content envisaged for the participants

Efnislegt innihald. Það er mikilvægt að útbúa a.m.k. grófa áætlun sem bæði sendandi og móttakandi eru sáttir við. Góð og vel unninn dagskrá styrkir umsóknina verulega og eru þær skilgreindur þáttur í gæðaviðmiðum Leonardo verkefni.

**H. ESTIMATED DETAILS ON THE FLOWS AND REQUESTED EU-FUNDING**

Please provide any clarification on the calculation of the budget as needed.

Hér skal skýra hvernig fjárhagsáætlunin er unninn ef þörf er á því.

H.1. TRAVEL AND SUBSISTENCE

Please complete the following tables indicating

- A. Outgoing participants
- B. Outgoing Participants with special needs (if applicable) and
- C. Accompanying persons (if applicable)

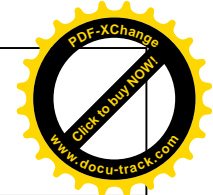
Present the mobility by flows, i.e. by groups of mobility that have the same characteristics: same destination country, same field of education, same duration. Use one line only per flow and insert extra lines and adapt numbering if necessary

H.1.1. OUTGOING PARTICIPANTS (WITHOUT SPECIAL NEEDS)

| Nr | Destination country | Number of Participants | Envisaged duration by participant weeks | Subsistence | | Hér er hægt að sækja um sérstakan ferðastyrk vegna dvalar í Litháen, Lettlandi, Eistlandi, Búlgaríu og Rúmeníu og skv. (*1) | |
|-----------------------|---------------------|------------------------|--|--|-------------------------|---|-------|
| | | | | Rate applied (for the entire duration) | Total funding requested | Per participant | Total |
| 1 | SE - SWEDEN | 4 | 3 | Calculate | 2293.00 | 9172.00 | 0.00 |
| 2 | BE - BELGIUM | 2 | 2 | Calculate | 1666.00 | 3332.00 | 0.00 |
| 3 | UK - UNITED KIN | 1 | 20 | Calculate | 6288.00 | 6288.00 | 0.00 |
| SUBTOTAL participants | | 7 | | | | 18792.00 | 0.00 |

(*1) If individuals reside in one of the overseas countries and territories or have one of these territories as destination, real incurred travel costs shall be reimbursed in total, independent of the duration of the mobility activity.

H.1.2. OUTGOING PARTICIPANTS WITH SPECIAL NEEDS (to be filled only if applicable)



| Nr | Destination country | Number of Participants | Envisaged duration by participant weeks | Subsistence | | Hámark viðbótarstyrks vegna fatlaðra einstaklinga sem þurfa sérstakar ráðstafanir við ferðir eru 1000 evrur. | |
|-----------------------|---------------------|------------------------|--|--|-------------------------|--|--------|
| | | | | Rate applied (for the entire duration) | Total funding requested | Per participant | Total |
| 1 | SE - SWEDEN | 1 | 3 | 2293.00 | 2293.00 | 780.00 | 780.00 |
| SUBTOTAL participants | | 1 | | | 2293.00 | | 780.00 |

+

-

H.1.3. ACCOMPANYING PERSONS (to be filled only if applicable)

| Nr | Destination country | Number of Participants | Envisaged duration by participant weeks | Subsistence | | Hér er hægt að sækja um sérstakan ferðastyrk vegna dvalar í Litháen, Lettlandi, Eistlandi, Búlgaríu og Rúmeníu og skv. (*1) | |
|-----------------------|---------------------|------------------------|--|--|-------------------------|---|-------|
| | | | | Rate applied (for the entire duration) | Total funding requested | Per participant | Total |
| 1 | SE - SWEDEN | 1 | 3 | 2293.00 | 2293.00 | | 0.00 |
| 2 | BE - BELGIUM | 1 | 1 | 1666.00 | 1666.00 | | 0.00 |
| SUBTOTAL participants | | 2 | | | 3959.00 | | 0.00 |

+

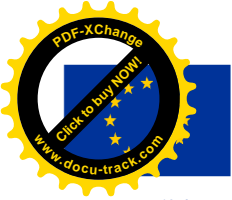
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| TOTAL Funding requested | Total SUBSISTENCE | Total TRAVEL |
|-------------------------|-------------------|--------------|
| | 25044.00 | 780.00 |

H.2. REQUESTED FUNDING FOR PREPARATION

| Nr of participants | Unit rate | Total funding |
|--------------------|---------------------|---------------|
| 7 | Calculate unit rate | 2100.00 |

Total – Preparation



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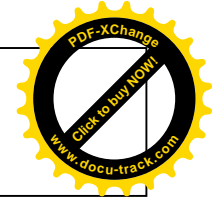
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H.3. REQUESTED FUNDING – ORGANISATION OF MOBILITY

| Nr of participants | | Unit rate | Total funding |
|--------------------|---------------------|-----------|---------------|
| 7 | Calculate unit rate | 200.00 | 1400.00 |

Total – Organisation of Mobility

1400.00

H.4. TOTAL REQUESTED FUNDING

Sum of previous sections 1, 2 and 3 representing the total grant requested for this application

TOTAL – GRANT REQUESTED

29324.00

I. CHECKLIST

Before sending in your application form to the National Agency, please make sure that it fulfills the requirements listed below.

- Make sure that, in addition to the compulsory signed paper version of your application, you have also submitted as requested in NA website.
- Make sure that you have used the official Application Form for the activity planned in the project
- Make sure that all relevant fields in the application form have been completed, especially the financial section
- The form is not handwritten (except for the Declaration)
- Make sure that you comply with the deadline published in the call.
- Be sure to comply with the minimum size of the partnership, i.e. partners from at least 2 countries (including the country of the applicant), including at least one from the European Union
- The proposal has to be written in one of the EU official languages. It can also be written in one of the languages of the EFTA/EEA and candidate countries but must then include a summary in English, French or German.
- Do not forget to sign the application form at the section SIGNATURE: The application form must bear the original signature of a person authorised by the applicant organisation. The signature also confirms that your organisation is not in a situation of the exclusion criteria listed in Section DECLARATION OF HONOUR and that you have the necessary capacity to successfully implement your project.
- If you are not a public body and your grant request exceeds EUR 25.000, please add a copy of the official accounts for the most recent financial year for which the accounts have been closed.

Public body: For the purpose of this call, all schools and higher education institutions specified by the participating countries and all institutions or organisations providing learning opportunities which have received over 50% of their annual revenues from public sources over the last two years or which are controlled by public bodies or their representatives, are considered to have sufficient financial and administrative capacity (point 3.B.c "Selection criteria" of the LLP Guide 2012, Part I, General Provisions)

"official" means accounts certified by an appropriate external body, and/or published, and/or approved by the organisations general meeting

J. ANNEXES

J.1. LETTERS OF INTENT

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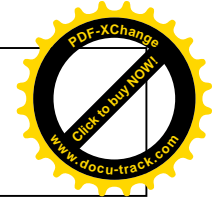
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- It is not needed for eligibility purposes that proposals include a letter of intent from the transnational partners. However, the quality of the proposal will be strengthened if letters of intent from the main partners are attached.
- Originals of the letters of intent are not obligatory, copies and faxes will be accepted. If your proposal is selected, you will be asked to provide the originals before drawing up the contract.
- Partner organisations must provide letters of intent on their own official paper
- The letter must not be hand-written
- It must indicate:
 - the title of the project;
 - reference to the Leonardo da Vinci programme;
 - a brief description of the partner's role;
 - A consistency with the quality commitment of the partnership;
- It must bear:
 - the date
 - the signature of an authorised person and her/his position within the organisation.

K. 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/>

L. DECLARATION OF HONOUR

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

I, the undersigned,

Request from my National Agency a grant for my organisation as set out in section BUDGET 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 have taken note that identical or similar applications will be subject to a specific assessment in order to exclude the risk of double funding and that the Commission and the National Agencies reserve the right not to fund identical or similar applications

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

Certify that:

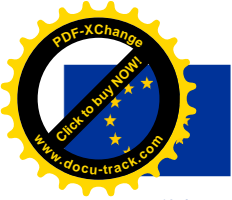
The organisation I represent:

- 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;

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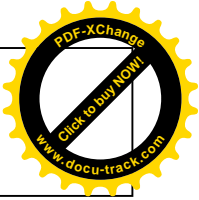
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- has not been the subject of a judgment which has the force of 'res judicata' for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;
- it is not currently subject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

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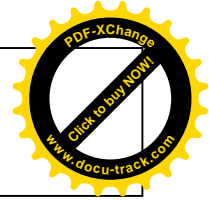
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M. SUBMISSION

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

M.1. DATA VALIDATION

Validation of compulsory fields and rules

M.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 | 2012-01-06 11:02:25 * | Form has not been submitted yet | 90453EF9051D27EC | Unknown |

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

M.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

M.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")

N. SIGNATURE

SIGNATURE

I, the undersigned, certify that the information contained in this Application Form is correct to the best of my knowledge.

Place: _____ Date: _____

Name: _____

Position: _____

Name of the applicant organisation: _____

Signature: _____

National ID number of the signing person (if requested by the NA): _____

Stamp (if applicable): _____

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