Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility with VET mobility charter

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DISCLAIMER

This document represents a template of an application form. It must not be used for real applications to a National Agency.

Please also note that the sections and questions presented below may ultimately differ from the electronic application form made available to applicant organisations.

We strongly advice check the questions carefully when filling in real application.

General Information

WARNING!

FOR ALL APPLICANTS (EXCEPT APPLICANTS, APPLYING TO THE SERBIAN NATIONAL AGENCY)

PLEASE BE AWARE THAT ALTHOUGH SERBIA APPEARS ON THE LIST OF POSSIBLE DESTINATION COUNTRIES, IT IS NOT AN ELIGIBLE DESTINATION UNDER THIS ACTION.

This application form consists of the following main sections:

- **Context:** this section asks for general information about the type of project proposal you want to submit and about the Agency that will receive, assess and select your proposal;
- **Participating organisation(s):** this section asks for information about the applicant organisation and sending-side consortium members only, and not the hosting-side partners;
- **Activities' Details:** this section is a table that asks for details of the different mobility activities that you intend to implement;
- **Budget:** this section asks for full details of the project, including travel, individual support, organisational support, linguistic support, special needs support and exceptional costs;
- **Project Summary:** this section asks for a summary of the project in your national language and English and should mention developments planned under the VET Mobility Charter;
- **Check List/Data Protection Notice/Declaration of Honour:** in these sections, the applicant is made aware of important conditions linked to the submission of the grant request;
- **Annexes:** in this section, the applicant needs to attach additional documents that are mandatory for the completion of the application.
- **Submission:** in this section, the applicant will be able to confirm the information provided and to submit the form online.

For more information on how to fill in this application form, you can read the Technical Guidelines for e-Forms. For more information on the award criteria please refer to the Programme Guide.

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Context

Programme	Erasmus+
Key Action	Learning Mobility of Individuals
Action	Mobility of Learners and Staff
Action Type	**VET learner and staff mobility with VET mobility charter**
Call	2018
Round	1
Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time)	1 February, 2018 12.00 am Brussels, Belgium Time
Language used to fill in the form	

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Project Identification

Project Title	
Project Title in English	
Project Acronym	
Project Start Date (dd-mm-yyyy)	
Project Total Duration (Months)	[FROM 12 TO 24 months]
Project End Date (dd-mm-yyyy)	
Applicant Organisation Full Legal Name (Latin characters)	
Form Hash Code	0000000000000000

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National Agency of the Applicant Organisation

Identification	

For further details about the available Erasmus+ National Agencies, please consult the following page:

https://ec.europa.eu/programmes/erasmus-plus/contact

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Participating organisation(s)

Applicant Organisation

Role	APP - Applicant Organisation	
PIC		Check PIC
Full legal name (National language)	*Prefilled after entered the PIC*	
Full legal name (Latin characters)	*Prefilled after entered the PIC*	
Acronym	*Prefilled after entered the PIC*	
National ID (if applicable)	*Prefilled after entered the PIC*	
Department (if applicable)	*Prefilled after entered the PIC*	
Address	*Prefilled after entered the PIC*	
Country	*Prefilled after entered the PIC*	
P.O. Box	*Prefilled after entered the PIC*	
Post Code	*Prefilled after entered the PIC*	
CEDEX	*Prefilled after entered the PIC*	
City	*Prefilled after entered the PIC*	
Website	*Prefilled after entered the PIC*	
Email		
Telephone 1	*Prefilled after entered the PIC*	
Fax	*Prefilled after entered the PIC*	

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Profile

Type of Organisation	

Is your organisation a public body?	*Prefilled after entered the PIC*
Is your organisation a non-profit?	*Prefilled after entered the PIC*
Total number of staff	
Total number of learners	

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Consortium

Are you applying on behalf of a consortium?

YES
NO

[SECTION VISIBLE IF CONSORTIUM = YES]

Consortium member

Role	Consortium Member	
PIC		Check PIC
Full legal name (National language)	*Prefilled after entered the PIC*	
Full legal name (Latin characters)	*Prefilled after entered the PIC*	
Acronym	*Prefilled after entered the PIC*	
National ID (if applicable)	*Prefilled after entered the PIC*	
Department (if applicable)	*Prefilled after entered the PIC*	
Address	*Prefilled after entered the PIC*	
Country	*Prefilled after entered the PIC*	
P.O. Box	*Prefilled after entered the PIC*	
Post Code	*Prefilled after entered the PIC*	
CEDEX	*Prefilled after entered the PIC*	
City	*Prefilled after entered the PIC*	
Website	*Prefilled after entered the PIC*	

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Email	
Telephone 1	*Prefilled after entered the PIC*
Fax	*Prefilled after entered the PIC*

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Profile

Type of Organisation	

Is the organisation a public body?	
Is the organisation a non-profit?	
Total number of staff	
Total number of learners	

Add Member

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Accreditation

Have you received any type of accreditation before submitting this application?

Accreditation Type	Accreditation Reference

[+][-]

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Legal Representative

Role	LR – Legal Representative
Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	

If the address is different from the one of the organisation, please tick this box ☐

Address	
Country	
P.O. Box	
Post Code	
CEDEX	
City	

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Contact Person

Role	CP – Contact Person
Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	
Online Linguistic Support Contact Person?	

If the address is different from the one of the organisation, please tick this box ☐

Address	
Country	
P.O. Box	
Post Code	
CEDEX	
City	

Add Contact Person		Remove Contact Person

| Validate |

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Add Partner

Partner Organisation

Role	PA - Partner Organisation	
PIC		Check PIC
Full legal name (National language)	*Prefilled after entered the PIC*	
Full legal name (Latin characters)	*Prefilled after entered the PIC*	
Acronym	*Prefilled after entered the PIC*	
National ID (if applicable)	*Prefilled after entered the PIC*	
Department (if applicable)	*Prefilled after entered the PIC*	
Address	*Prefilled after entered the PIC*	
Country	*Prefilled after entered the PIC*	
P.O. Box	*Prefilled after entered the PIC*	
Post Code	*Prefilled after entered the PIC*	
CEDEX	*Prefilled after entered the PIC*	
City	*Prefilled after entered the PIC*	
Website	*Prefilled after entered the PIC*	
Email		
Telephone 1	*Prefilled after entered the PIC*	
Fax	*Prefilled after entered the PIC*	

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Profile

Type of Organisation	

Is the partner organisation a public body?	
Is the partner organisation a non-profit?	
Total number of staff	
Total number of learners	

Background and Experience

Please briefly present the partner organisation.

[Max 5000 characters]

Please briefly give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project.

[Max 5000 characters]

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Legal Representative

Role	LR – Legal Representative
Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	

If the address is different from the one of the organisation, please tick this box ☐

Address	
Country	
P.O. Box	
Post Code	
CEDEX	
City	

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Contact Person

Role	CP – Contact Person
Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	

If the address is different from the one of the organisation, please tick this box ☐

Address	
Country	
P.O. Box	
Post Code	
CEDEX	
City	

Add Partner	Remove Partner

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Main Activities

Activities' Details

Please enter the different mobility activities you intend to implement in your project.

A1	Activity No.													A1
	Activity Type													
Flow No.	Country of Origin	Country of Destination	Host Type	Distance Band	Duration (full months)	Duration (extra days) [	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	No. of Participants	Participants with Special Needs (out of total number of Participants)	No. of apprentices (out of total number of Participants)	Participants with Fewer Opportunities (out of total number of Participants)	Accompanying Persons (out of total number of Participants)	No. of Non-Teaching Staff (out of total number of Participants)
1														
													[+] [-]	
				Total										

Add Activity	Remove Activity

Validate

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Budget

For further information please consult the Programme Guide for the overview of funding rules. Please note that all amounts must be expressed in Euros.

Travel

Activity No.	Activity Type	Flow No.	Country of Origin	Country of Destination	Distance Band	Travel Grant per Participant	No. of Participants (including accompanying persons)			Total Travel Grant Requested
									Total	

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Individual Support

Activity No.	Activity Type	Flow No.	Country of Destination	Participants (Excluding Accompanying Persons)			Accompanying Persons [VISIBLE IF SE, AE, VET]			Total Grant Requested
				Duration per Participant (days)	No. of Participants (Excluding Accompanying Persons)	Grant per Participant	Duration per Accompanying Person (days) [VISIBLE IF SE, AE, VET]	No. of Accompanying Persons [VISIBLE IF SE, AE, VET]	Grant per Accompanying Person [VISIBLE IF SE, AE, VET]	
									Total	

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Organisational Support

No. of Participants (excluding accompanying persons)	Total Grant Requested

Validate

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Linguistic Support

Linguistic Assessment

Online linguistic assessment is obligatory for all VET Learners using Bulgarian, Croatian, Czech, Danish, Dutch, English, Estonian, Finnish, French, German, Greek, Hungarian, Irish Gaelic, Italian, Latvian, Lithuanian, Maltese, Polish, Portuguese, Romanian, Slovak, Slovenian, Spanish or Swedish as a foreign language during mobility activities from 19 days (excluding travel days) to 12 months.

Number of participants that will do their mobility using one of these languages	

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Language Course

You can apply for support for language learning for your participants. Support for language learning is available for participants in activities lasting from 19 days (excluding travel) to 12 months, either through access to language courses through the online linguistic support (for languages in group 1 below), or through a grant for languages/levels that are not available as online language courses (for languages in group 2 below). Please carefully choose for which language you are applying for support. For more information please consult the OLS website: http://erasmusplusols.eu/

Group 1 languages: Bulgarian, Croatian, Czech, Danish, Dutch, English, Estonian, Finnish, French, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Polish, Portuguese, Romanian, Slovak, Slovenian, Spanish, Swedish

Language Group	No. of Participants for language learning	Grant per Participant	Total Grant Requested
Group 1			
Group 2 (Other languages not included in group 1)			
Total		Total	

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Special Needs' Support

Activity No.	Activity Type	No. of Participants With Special Needs	Description of Costs	Total Grant Requested
			Total	

[+][-]

Exceptional Costs

Activity No.	Activity Type	No. of Participants	Description of Costs	Total Grant requested
⤵				
			Total	

[+][-]

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Please provide any further comments you may have concerning the above entered budget.

[Max 5000 characters]

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Project summary

Please provide a short summary of your project. Please recall that this section [or part of it] may be used by the European Commission, Executive Agency or National Agencies in their publications. It will also feed the Erasmus+ Project Results Platform.

Be concise and clear and mention at least the following elements: context/background of project; objectives of your project; number and profile of participants; description of activities; methodology to be used in carrying out the project; a short description of the results and impact envisaged and finally the potential longer term benefits. The summary will be publicly available in case your project is awarded.

[Max 5000 characters]

Please give an overview of the main activities and developments that you foresee whilst implementing your internationalisation strategy. Also give an overview of developments and changes of scope of the mobility flows themselves. If applicable, explain the need for accompanying persons. The summary will be publicly available in case your project is awarded.

[Max 5000 characters]

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[SHOW QUESTION IF LANGUAGE USED IN APPLICATION IS NOT ENGLISH]

Please provide a translation in English. This summary will be publicly available in case your project is awarded.

[Max 5000 characters]

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Summary of participating organisations

Name of the Organisation	Country of the Organisation	Type of Organisation

Total number of participating organisations excluding consortium members where applicable	

Summary of Activities and Participants

Activity Type	No. of Activities	No. of Participants	Participants with Fewer Opportunities (out of total number of Participants)
Total			

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[VISIBLE IF VET]

Activity No.	Activity Type	Travel	Individual Support	Special Needs Support	Exceptional Costs	Total
Total						

Organisational Support	

Linguistic Support	

Project Total Grant

Grant Calculated	

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Checklist

Before submitting online your application form to the National Agency, please make sure that it fulfils the eligibility criteria listed in the Programme Guide and check that:

☐ you have used the official Key-Action 1 application form.

☐ all relevant fields in the application form have been completed.

☐ you have chosen the correct National Agency of the country in which your organisation is established.

☐ the application form has been completed using one of the official languages of the Erasmus+ Programme Countries.

☐ you have annexed all the relevant documents:

　☐ the Declaration of Honour signed by the legal representative mentioned in the application.

　☐ the mandates of each member of the national mobility consortium (if applicable) signed by both parties.

☐ all participating organisations have uploaded the documents to give proof of their legal status in the participants' portal (for more details, see the section "Selection Criteria" in Part C of the Programme Guide).

☐ for grants exceeding 60 000 EUR, you have uploaded the documents to give proof of your financial capacity in the participants' portal (for more details, see the section "Selection Criteria" in Part C of the Programme Guide). Not applicable in the case of public bodies or international organisations.

☐ you are complying with the deadline published in the Programme Guide.

☐ you have saved or printed the copy of the completed form for yourself.

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Data Protection Notice

PROTECTION OF PERSONAL DATA

The application form will be processed electronically. All personal data (such as names, addresses, CVs, etc.) will be processed in pursuant to the Regulation on the protection of individuals with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, currently Regulation (EC) No 45/2001. Any personal data requested will only be used for the intended purpose, i.e. the processing of your application in accordance with the specifications of the call for proposals, the management of the administrative and financial aspects of the project if eligible and the dissemination of results through appropriate Erasmus+ IT tools. For the latter, as regards the details of the contact persons, an unambiguous consent will be requested.

For the exact description of the collected personal data, the purpose of the collection and the description of the processing, please refer to the Specific Privacy Statement associated with this form: http://ec.europa.eu/programmes/erasmus-plus/documents/epluslink-eforms-privacy_en.htm

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Declaration of Honour

I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge. I put forward a request of an Erasmus+ grant as set out in this application form.

Declare that:

- All information contained in this application, is correct to the best of my knowledge.

- In the case of projects in the field of youth, the participants involved in the activities fall in the age limits defined by the Programme.

- 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 the EU grant agreements on its behalf.

Certify that (in case the grant requested exceeds 60 000€):

The organisation I represent:

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- 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 109(1) of the Financial regulations (Council Regulation 966/2012).

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.

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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.

Commit:

- my organisation and the other partner organisations herein, to take part upon request in dissemination and exploitation activities conducted by National Agencies, the Executive Agency and/or the European Commission, where the participation of individual participants may also be required.

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.

Place: Date (dd-mm-yyyy):

Name of the applicant organisation:

Name of legal representative:

Signature:

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

Stamp of the applicant organisation (if applicable):

Print Declaration of Honour

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Annexes

Please note that all documents mentioned in section "Checklist" need to be attached here before you submit your application online.

File Name	File Size (kB)	
		REMOVE
		REMOVE
		ADD
		ADD
		ADD
Total Size (up to a maximum of 10 240 kB)		

[MAXIMUM NUMBER OF ATTACHMENT: 10]

[MAXIMUM TOTAL SIZE OF ATTACHMENTS: 10 MB]

[ALLOWED FILE TYPES: PDF,DOC,DOCX,XLS,XLSX,JPG,TXT,ODT,ODS,CDOC,DDOC,BDOC]

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