



Education and Culture DG

Lifelong Learning Programme

Report Form

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
Call	2009
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	 D402140B40BED782

### B.2. NATIONAL AGENCY

Identification	GR1 LLP (IKY)
Postal address	Makri 1 & Dionysiou Areopagitou, 11742, Athens Greece
Email address	llpeforms@iky.gr
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
City	city
Country	IT - ITALY
Region	ITC1 - Piemonte
Telephone 1	
Telephone 2	
Fax	
Email	bbb@bbb.com
Website	

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## C.2. CONTACT PERSON

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

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**C.3. LEGAL REPRESENTATIVE**

Title	Dyrektor
First name	Jean-Luc
Family name	Lerat
Organisation	
Department	
Position	Dyrektor Szkoły
Work address	39, boulevard des Iles
Postal code	56010
City	Vannes
Country	FR - FRANCE
Telephone 1	(+33) 6 60 19 28 25
Telephone 2	
Fax	
Email	jllerat@lycee-stjoseph-vannes.com

**C.4. SOURCE OF INFORMATION**

At application stage how did you find information about partnerships?

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## D. IDENTIFICATION OF THE PARTNERS

### D.1. PARTNER ORGANISATION

National Agency identification	GR1 LLP (IKY)
Role	Coordinator (CO)
Full legal name (national language)	Austrian organisation
Full legal name (latin characters)	Austrian organisation
Acronym	Austrian Org 2
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)
Legal status	public (PB)
Size (staff)	staff 1 to 20
Size (learners/trainees)	
Legal address	street 1
Postal code	1000
City	city
Country	AT - AUSTRIA
Region	AT11 - Burgenland (A)
Telephone 1	
Telephone 2	
Fax	
Email	aaa@aaa.com
Website	

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## D.2. PARTNER ORGANISATION

National Agency identification	GR1 LLP (IKY)
Role	Partner (PA)
Full legal name (national language)	English Club
Full legal name (latin characters)	English Club
Acronym	
National id (if applicable)	6
Type of organisation	Primary school (EDU-SCHPrm)
Commercial orientation	Not for Profit (NP)
Scope	local (L)
Legal status	private (PR)
Size (staff)	staff 251 to 500
Size (learners/trainees)	
Legal address	Berg 5
Postal code	45555
City	Eupen
Country	BE - BELGIUM
Region	BE23 - Prov. Oost-Vlaanderen
Telephone 1	+32 555 55556
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 PARTNERSHIP AS A WHOLE)**

**E.1. SUMMARY**

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

[Empty text box for summary description]

Translation of Summary into English.

[Empty text box for translation of summary]

**E.2. OUTCOMES**

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

Identifier	1
Type	
Title	
Description	
Topics	
Target group(s)/potential beneficiaries	
Languages	
Source	
Creator	
Publisher	
Coverage	
Copyright/Rights	



Target sectors	
Medias used	

**E.3. EUROPEAN ADDED VALUE**

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

**E.4. PARTNERSHIP OBJECTIVES ACHIEVEMENTS**

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

**E.5. KEY COMPETENCES**

Please enter the specific key competences addressed by your partnership.

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

**E.6. HORIZONTAL ISSUES**

Please enter the horizontal issues addressed by your partnership.

- Promoting an awareness of the importance of cultural and linguistic diversity within Europe, as well as of the need to combat racism, prejudice and xenophobia (Div)
- Cultural and linguistic diversity (CulDiv)





- Fight against racism and xenophobia (RacXen)
- Making provision for learners with special needs, and in particular by helping to promote their integration into mainstream education and training (SpecNeed)
- Promoting equality between men and women and contributing to combating all forms of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation (Discr)
- Equal opportunities men and women (Equal)
- Sexual discrimination, orientation (SexDis)
- Racial or ethnic origin (RacEth)
- Age (Age)

If other, please specify.

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

### E.7. WORKPLAN AND TASKS

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

### E.8. COMMUNICATION AND COOPERATION

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



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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?

[Empty orange response box]

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

[Empty yellow response box]

**E.10.2. RESULTS/PRODUCTS/OUTCOMES ACHIEVEMENT**

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

[Empty orange response box]

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

[Empty yellow response box]

**E.10.3. AIMS/OBJECTIVES ACHIEVEMENT**

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

[Empty orange response box]

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

[Empty yellow response box]

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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.

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

**F.1.2. AGE RANGES**

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

Age Range	No. of Pupils / Learners / Trainees

**F.2. PARTNERSHIP ACTIVITIES**

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

Activity No.	<b>1</b>
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?

[Empty orange box for response]

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.

[Empty yellow box for response]

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**F.3. IMPACTS**

**F.3.1. PUPILS/LEARNERS/TRAINEEES**

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

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

Please comment on your choices.

**F.3.2. TEACHERS/STAFF**

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

AREA	RATING
Increased language skills (Staff-Lang)	<input type="text"/>
Increased ICT skills (Staff-ICT)	<input type="text"/>
Increased pedagogical skills (Staff-Pedag)	<input type="text"/>
Increased motivation (Staff-Motiv)	<input type="text"/>
Increased project management skills (Staff-PrjMng)	<input type="text"/>
Increased knowledge about partner countries and cultures (Staff-Culture)	<input type="text"/>
Other (Staff-Oth)	<input type="text"/>

Please comment on your choices.



**F.3.3. ORGANISATION**

What impact did the partnership have on you organisation?

AREA	RATING
Changes to the curriculum/training programme (Home-Curr)	<input type="text"/>
Changes to organisational arrangements (Home-Org)	<input type="text"/>
Increase support of the organisation management (Home-Supp)	<input type="text"/>
Increased cooperation among staff (Home-StaffCoop)	<input type="text"/>
Other (Home-Oth)	<input type="text"/>

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)	<input type="text"/>
Increased cooperation with other local organisations (Local-Coop)	<input type="text"/>
Increased cooperation with local companies (Local-Comp)	<input type="text"/>
Increased support and participation of other local actors (Local-Actor)	<input type="text"/>
Other (Local-Oth)	<input type="text"/>

Please comment on your choices.

**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?

[Empty orange response box]

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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)	
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 SUMMARY**

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



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

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

Name of the contact person (in capital letters): \_\_\_\_\_

Position of the contact person (in capital letters): \_\_\_\_\_

Signature of the contact person: \_\_\_\_\_

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

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

Position of the Head of Institution/Organisation: \_\_\_\_\_

Signature of the Head of Institution/Organisation: \_\_\_\_\_

Stamp of the Institution/Organisation: \_\_\_\_\_

### K. SUBMISSION

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

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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")

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