



## General Information

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 - if relevant - about any other organisation involved as partners in the project;
- Description of the project: this section asks for information about all the stages of the project: preparation, implementation of main activities (meaning the Mobility activities) and follow-up;
- Budget: in this section you will be asked to give information about the amount of the EU grant you request;
- 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 e-Forms Guideline.

## Context

Programme	Erasmus+
Key Action	Learning Mobility of Individuals
Action	Mobility of Learners and Staff
Action Type	School education
Call	2014
Round	Round 1
Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time)	17-03-2014 12:00:00
Language used to fill in the form	Prijavu možete ispunjavati na hrvatskom jeziku.

Moguće je prijaviti samo jedan KA1 projekt na istom natječajnom roku.

Prijava se podnosi elektronskim putem, najkasnije do 17.3.2014. u 12:00 sati.

## Project Identification

Project Title	
Project Start Date (dd-mm-yyyy)	
Project Total Duration (Months)	
Project End Date (dd-mm-yyyy)	
Applicant Organisation Full Legal Name (Latin characters)	

Form hash code



0000000000000000

## National Agency of the Applicant

Form hash

Validate



# Erasmus

## Application Form

Call: 2014

KA1 - Learning Mobility of

Ovdje unosite  
HR01(Hrvatska) iz  
padajućeg  
izbornika.

Identification

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

[http://ec.europa.eu/education/participant-portal/support/contact/index\\_en.htm](http://ec.europa.eu/education/participant-portal/support/contact/index_en.htm)

Form hash

Validate



# Erasmus

## Application Form

Call: 2014

KA1 - Learning

Ovdje upisujete PIC broj vaše ustanove, koji Vam je dodijeljen prilikom završetka registracije na URF portalu.

[goo.gl/N78huu](http://goo.gl/N78huu)

### Participating organisation(s)

### Applicant Organisation

PIC

Check PIC

Full legal name (National Language)

Full legal name (Latin characters)

Acronym

National ID (if applicable)

Department (if applicable)

Address

Country

Region

P.O. Box

Post Code

CEDEX

City

Website

Email

Telephone 1

Telephone 2

Fax

### Profile

Type of Organisation

Is your organisation a public body?

Is your organisation a non-profit?

U ovom dijelu ukratko opisujete svoju ustanovu. Ukoliko je primjenjivo, opišite prethodna iskustva svoje ustanove, povezana s ciljevima projekta.

### Background and Experience

Please briefly present your organisation.

Form hash

Validate



# Erasmus

## Application Form

Call: 2014

KA1 - Learning Mobility of

Have you applied for/received a grant from any European Union programme in the 12 months preceding this application?

Please indicate:

EU Programme	Year	Project Identification or Contract	Applicant/Beneficiary Name

Ovdje unosite podatke o zakonskom predstavniku svoje ustanove (npr. ravnatelj škole).

### 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

Region

P.O. Box

Post Code

CEDEX

City

Telephone 2

Ovdje unosite podatke o kontakt osobi za vaš projekt.

### Contact Person

Title

Form hash

Validate



Erasmus

Application Form

Call: 2014

KA1 - Learning Mobility of

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

Region

P.O. Box

Post Code

CEP

City

Telephone

Ovaj dio ispunjavate samo ako šaljete svoje zaposlenike na praksu po modelu *job shadowing* ili na podučavanje u drugu ustanovu.

If your project involves *job shadowing* or teaching assignment at a partner organisation abroad, please click the button below to add information about the partner organisation(s).

Add Partner

Remove Partner

Form hash

Validate





Erasmus

## Application Form

Call: 2014

KA1 - Learning Mobility of

### Description of the Project

How did you choose your project partners? What experiences and competences will they bring in the project?

What are the most relevant topics addressed by your project?

Ovdje opisujete kako ste odabrali partnerske ustanove (organizatore usavršavanja koji nude tečajeve koji odgovaraju potrebama vaših zaposlenika ili vrtiće/škole u koje planirate poslati osoblje) za svoj projekt te kriterije odabira (zbog čega ste se odlučili za njih, na koji način će pridonijeti kvalitetnim ishodima Vašeg projekta).

Form hash

Validate



Ovdje navodite profile osoblja koje će sudjelovati u projektu te opisujete njihove stručne potrebe za usavršavanjima (nije potrebno navoditi imena i prezimena). Preporuča se detaljno opisati način odabira sudionika mobilnosti (opći i specifični kriteriji ovisno o potrebama ustanove koji moraju biti jasno definirani).

Prilikom odabira sudionika možete koristiti ankete, motivacijske eseje, provoditi intervju sa zainteresiranim osobljem ili osnovati odbor za odabir kandidata u svrhu transparentnosti selekcije.

### Participants' Profile

Please describe the background and needs of the participant selected.

### Learning Outcomes

Which competences (i.e. skills, knowledge and behaviours) are to be acquired by participants in your project?

Ovdje opisujete kompetencije, odnosno planirane ishode projekta za sve sudionike.

Ovdje navodite europske potvrde/alate za vrednovanje ishoda usavršavanja.

The Erasmus+ Programme promotes the use of Europass, ECVET and Youthpass to validate the competences acquired by participants during their mobility abroad. Will your project make use of such European instruments/certificates? If so, which ones?

 

Are you planning to use any national instrument/certificate? If so, which one?

Ovdje navodite nacionalne potvrde/alate za vrednovanje ishoda usavršavanja koje planirate koristiti. Ustanove mogu svojim zaposlenicima izdavati potvrde o usavršavanju u okviru njihovog KA1 projekta.

How will you use the European/national instrument(s)/certificate(s) selected?

Ovdje opisujete na koji način planirate koristiti nacionalne/europske potvrde/alate za vrednovanje ishoda usavršavanja.

Od europskih potvrda, preporuka je koristiti dokument Europass mobilnost.  
<http://go.gl/a2QvkJ>





Era

# Application Form

Call: 2014

KA1 - Learning Mobility of

U ovom dijelu opisujete pripremne aktivnosti vaše ustanove.

## Preparation

Please describe what will be done in preparation, by your organisation and, if relevant, by your partners before the main activities take place.

## Practical Arrangements

How will the practical and logistic matters of the project be addressed (e.g. transport, accommodation, insurance, protection of participants, visa, social security, mentoring and support, preparation of materials, etc.)?

Ovdje opisujete praktične dogovore u svrhu organizacije aktivnosti projekta (potpora sudionicima prije, tijekom i nakon mobilnosti –logistička potpora).

## Project Management

How will you address quality and management issues (e.g. setting up quality assurance systems, monitoring and evaluation, agreements with participants, etc.)?

Ovdje detaljno opisujete vođenje projekta. Posebno je važno obratiti pozornost na definiranje uloga i obveza vaše ustanove, ustanove primatelja i sudionika mobilnosti (pojedinačni ugovori za svaku mobilnost).

## Preparation of Participants

Which kind of preparation will be offered to participants (e.g. task-related, intercultural, linguistic, risk-prevention etc.)? Who will provide such preparatory activities?

Ovdje opisujete potrebnu pripremu koju ćete omogućiti osoblju koje će sudjelovati u mobilnostima (jezična, pedagoška, kulturološka priprema...) te način izvođenja pripreme.

Form hash

Validate



Erasmus

U ovom dijelu opisujete glavne aktivnosti projekta.

Main Activities

Please outline the main activities you plan to organise. If relevant, please describe the role of each partner in the activities.

Empty text box for describing main activities.

Opisujete glavne aktivnosti u projektu te ulogu svake pojedine partnerske ustanove

If applicable, how do you intend to cooperate and communicate with your project partners and other relevant stakeholders?

Empty text box for describing cooperation and communication.

Na koji način planirate komunicirati s partnerskim ustanovama i pratiti napredak sudionika mobilnosti za vrijeme trajanja mobilnosti.

What is the role of each partner in the activities? How do you intend to cooperate and communicate with your project partners and other relevant stakeholders? How will the participants be monitored during their training placement? Who will monitor their work programme and progress?

Empty text box for describing partner roles and monitoring.

Podaci koji su ovdje navedeni preslikavaju se u rubriku 'budžet', stoga je važno ispuniti sva polja.

Ako se radi o tečaju, odaberite staff training abroad. Ukoliko to ne odaberete, kasnije nećete moći unijeti podatke vezane uz kotizaciju.

Activities' Details

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

Activity No.						A1
Activity Type						
No. of Participants						
Participants with Special Needs (out of total number of)						
Accompanying Persons (out of total number of Participants)						
Is this a long-term activity?						
Flow No.	Country of Origin	Country of Destination	Duration (months)	Duration (days)	No. of Participants	
1						
<input type="button" value="+"/> <input type="button" value="-"/>						
					Total	

Ako među osobljem nema osoba s posebnim potrebama, tada upišite 0.

Odaberite No.

Add Activity Remove Activity



Erasmus

Form

mobility of

U ovom dijelu opisujete aktivnosti koje će uslijediti nakon završetka projektnih aktivnosti.

Follow-up

Please describe what will happen after the end of your main activities.

Impact

What is the expected impact on the participants, participating organi

Opišite planirane ishode aktivnosti na sudionike mobilnosti, njihove učenike i ustanovu u cjelini.

Dissemination of project

Which activities will be the target

Detaljno opišite diseminacijske aktivnosti koje planirate provesti te ciljne skupine na koje će se one odnositi. Prilikom diseminacije, vodite računa o tome da ju provodite na razini ustanove, lokalnoj, regionalnoj, državnoj te, po mogućnosti, na europskoj razini te da koristite što više medijskih kanala (tisak, web, radio, TV...). Također, vodite računa o tome da shvatite diseminaciju i kao sredstvo kvalitetnog prijenosa informacija, znanja i iskustava, stečenih tijekom razdoblja mobilnosti, a u svrhu održivosti projektnih ishoda.

Evaluation

Which activities will you carry out in order to assess what results?

activities and

Ovdje detaljno opisujete planirane evaluacijske aktivnosti u svrhu praćenja i analize ishoda projekta. Važno je voditi računa o ishodima za sudionike mobilnosti i vašu ustanovu te ishodima za pojedince i organizacije izvan vaše ustanove (lokalna, regionalna, državna i međunarodna razina).

Form hash



Validate



# Erasmus

## Application Form

Call: 2014

KA1 - Learning Mobility of

### Budget

Ovdje se prebacuju podatci iz dijela 'Activity Details'.

For further information please refer to the overview of funding rules. Please note that all amounts are in Euros.

### Travel

Odabirete udaljenost u jednom smjeru prema izračunu u kalkulatoru: <http://goo.gl/vn7Lwa>

Activity No.	Activity Type	Flow No.	Country of Origin	Country of Destination	Distance (km)	Travel Grant per Participant	Total Travel Grant
A1		1					
Total							

### Individual Support

Activity No.	Activity Type	Flow No.	Country of Destination	Duration (days)	No. of Participants	Grant per Participant	Total Grant Requested
A1		1					
Total							

### Organisational Support

No. of Participants (persons)	Total Grant Requested

Potrebno je kliknuti na kvadratić + kako biste mogli unijeti podatke potrebne za izračun troškova kotizacije.

### Course Fees

Activity No.	Duration (days)	No. of Participants	Grant per Participant/Day	Total Grant Requested
Total				

### Special needs' Support

Form hash

Validate



Erasmus

Application Form

Call: 2014

KA1 - Learning Mobility of

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

+

-

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

Form hash

Validate



Erasmus

# Application Form

Call: 2014

KA1 - Learning Mobility of

U ovom dijelu upisujete sažetak projekta (pozadina i ciljevi projekta, broj i profil sudionika, opis aktivnosti, očekivani rezultati i ishodi projekta).

## 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+ dissemination 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.

Please provide a translation in English.

Form hash

Validate





Erasmus

U ovom dijelu prikazat će se nazivi ustanova koje sudjeluju u projektu.

ation Form

ng Mobility of

### Summary of participating organisations

Name of the Organisation	Country of the Organisation	Type of Organisation
Total number of participating organisations		

Form hash

Validate



### Budget Summary

The sum of previous sections representing the total grant requested for this application.

Activity No.	Activity Type	Travel	Individual Support	Course fees	Special Needs	Total
Total						

Organisational Support	
------------------------	--

### Project Total Grant

Grant Calculated	
Grant Requested	

Ne zaboravite unijeti  
*Grant requested.*

Form hash

Validate





# Erasmus

## Application Form

Call: 2014

Potrebno provjeriti prije slanja prijave.

### Checklist

Before submitting 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.
- the application form is submitted to the 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 partner to the applicant 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

Form hash

Validate



Erasmus

## Application Form

Call: 2014

KA1 - Learning Mobility of

### 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 Regulation (EC) No 45/2001 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. Any personal data requested will only be used for the intended purpose, i.e.:

- In the case of grant application forms: the evaluation of your application in accordance with the specifications of the call for proposals,
- In the case of application for accreditation forms: the evaluation of your application in accordance with the specifications of the call for proposals,
- In the case of report forms: statistical and financial (if applicable) follow-up of the projects.

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 accompanying this form.

You are entitled to obtain access to your personal data on request and to rectify any such data that is inaccurate or incomplete. If you have any queries concerning the processing of your personal data, you may address them to your National Agency. You have the right of recourse at any time to your national supervising body for data protection or the European Data Protection Supervisor for matters relating to the processing of your personal data.

You are informed that for the purposes of safeguarding the financial interest of the Communities, your personal data may be transferred to internal audit services, to the European Court of Auditors, to the Financial Irregularities Panel and/or to the European Anti-Fraud Office (OLAF).

<http://www.edps.europa.eu/>

Form hash

Validate



### Honour

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

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 section BUDGET of 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 Community grant agreements on its behalf.

Certify that (in case the grant requested exceeds 60.000€): 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:

Form hash

Validate



# Erasmus

## Application Form

Call: 2014

KA1 - Learning Mobility of

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.

Commit:

---

Form hash

Validate



Erasmus

Application Form

Call: 2014

KA1 - Learning Mobility of

- 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

Form hash

Validate





## n

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

### Data Validation

Validation of compulsory fields and

Validate

### Standard Submission

Online submission (requires internet )

Submit Online

### Alternative Submission

If you cannot submit your application online you can still do it by sending an email to your National Agency within the 2 hours following the official application deadline. The email must contain the complete electronic form and any file attachments you wish to send. You must also attach a snapshot of section "Submission Summary" indicating that this electronic form could not be submitted online. Your National Agency will analyse your situation and provide you with further instructions.

### Submission

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
--------	------	-------	----------------	--------

\* means local PC time, which cannot be considered authoritative and cannot be used for claiming that the form has been submitted in time

### Form Printing

Print the entire form

Form hash