



Education and Culture
Lifelong Learning Programme
COMENIUS

Comenius - School Partnerships

JOINT APPLICATION FORM

for
new multilateral and bilateral School
Partnerships
Selection 2007

For Partnership activities from October 2007 to July 2009

Basic data :

Name of applicant institution :	
The applicant institution is :	<input type="checkbox"/> The coordinator <input type="checkbox"/> A partner
This application concerns a (tick only one) :	<input type="checkbox"/> Multilateral Partnership <input type="checkbox"/> Language oriented bilateral Partnership (including reciprocal class exchanges of minimum 10 days)
Minimum number of mobilities planned ¹ (tick only one):	<input type="checkbox"/> 4 <input type="checkbox"/> 12 <input type="checkbox"/> 25 mobilities

Reserved for the National Agency

Application deadline

Registration number

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EUROPEAN COMMISSION

¹ See section D.1 of this application form for details.

GENERAL INFORMATION

- Before completing this form, please read the relevant sections in the *Lifelong Learning Programme, Guide for Applicants* and the appropriate annual Call for Proposals, which contain additional information on closing dates, National Agency addresses to which the application must be sent, and specific priorities for that year. Further information can also be found on the Lifelong Learning Programme website:
http://ec.europa.eu/education/programmes/newprog/index_en.html
- The form should be printed from a computer.
- In accordance with standard Commission practice, the information provided in your application form may be used for the purposes of evaluating the Lifelong Learning Programme. The relevant data protection regulations will be respected.

ELIGIBILITY CHECK-LIST

- Multilateral Partnerships:** The partnership consists of institutions located in at least three of the countries participating in the Lifelong Learning programme. **Bilateral Partnerships:** The partnership consists of two institutions, each one located in one of the countries participating in the Lifelong Learning programme. (For eligible countries see http://ec.europa.eu/education/programmes/newprog/index_en.html)
- At least one participating institution will be a Member State of the European Union at the starting date of the Partnership.
- Each participating institution has checked with the National Agency in its country that it is eligible to participate in a Comenius Partnership.
- If the application concerns a Bilateral Partnership, it must include in its mobility plan reciprocal class exchanges of minimum 10 days involving pupils aged at least 12.
- The application is being submitted according to the application procedures set out in the Guide for Applicants and the closing dates set out in the Call for Proposals.
- The basic data on the front page and acknowledgement of receipt of this application form have been completed **individually** by each participating institution on the copy that is sent to their own National Agency.
- Sections A, B and C of this application form have been completed **jointly** by the whole Partnership and all partners have received a copy thereof.
- Section D has been completed **individually** by each participating institution and has been **signed** by the person authorised to enter into legally binding commitments on behalf of the institution concerned.
- All participating institutions submit each to their respective National Agency* : 1) a copy of the joint sections A, B and C, as well as 2) their individual section D.
- The application form has been completed in full using one of the official languages of the EU, or in the case of the EFTA/EEA and candidate countries, in the national language of the country concerned.
- The joint sections A, B and C of the application form will have been completed in the **main communication language** used by the Partnership. Each participating institution is responsible for checking with its own National Agency whether a translation of these sections A and C in the national language is required, and if so, for adding the translation to its grant application.

RETURN ADDRESS

Please return this application form to your National Agency. You can find the addresses of the National Agencies in the annual Call for Proposals or by consulting the central Lifelong Learning Programme website.*

* *In some countries the application form must be submitted via the relevant school authorities. Therefore, please check with your National Agency in advance to whom you have to submit the application.*

Acknowledgement of Receipt

This page will be returned to you when we have received and registered your application form. For this purpose, please complete the section below:

Application for:	Comenius School Partnership
Partnership title:	
Name of applicant institution:	
Family and first name of contact person:	
Institution street name and number:	
Post code and town/city:	
Country:	

Reserved for the National Agency

We acknowledge receipt of your Partnership application:

Please use this number in all communication with your National Agency.

Place:

Date:

Signature:

Stamp of the National Agency:

A. PARTNERSHIP BASICS

Please note that **section A** of the application form must be completed **jointly** by all institutions participating in this Partnership.

Partnership type:	Multilateral Partnership <input type="checkbox"/> Language oriented bilateral Partnership <input type="checkbox"/>																																				
This application results from a:	Contact seminar <input type="checkbox"/> Preparatory visit <input type="checkbox"/> Other: <input type="checkbox"/>																																				
Partnership title <i>(Please be concise; start with an acronym or abbreviation if one exists)</i>	Title:																																				
Partnership topic(s) <i>(Please tick only the main thematic area(s), max 2 or 3, of your Partnership or complete it under "other" if it is missing from the list):</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Intercultural dialogue <input type="checkbox"/></td> <td style="width: 33%;">Social integration/exclusion <input type="checkbox"/></td> <td style="width: 33%;">Comparing educational systems <input type="checkbox"/></td> </tr> <tr> <td>History/traditions <input type="checkbox"/></td> <td>European citizenship/ democracy/ regional identity <input type="checkbox"/></td> <td>School management <input type="checkbox"/></td> </tr> <tr> <td>Tourism <input type="checkbox"/></td> <td>Science/technology <input type="checkbox"/></td> <td>Raising pupil achievements <input type="checkbox"/></td> </tr> <tr> <td>Theatre, music, dance <input type="checkbox"/></td> <td>Information and communication technologies <input type="checkbox"/></td> <td>School cooperation with the local community <input type="checkbox"/></td> </tr> <tr> <td>Literature <input type="checkbox"/></td> <td>Industry/economy/world of work <input type="checkbox"/></td> <td>Pedagogical methods <input type="checkbox"/></td> </tr> <tr> <td>Foreign languages <input type="checkbox"/></td> <td>Violence at school <input type="checkbox"/></td> <td>Disabilities/special needs <input type="checkbox"/></td> </tr> <tr> <td>Crafts/professions <input type="checkbox"/></td> <td>Cultural Heritage <input type="checkbox"/></td> <td>Equal opportunities for men/women <input type="checkbox"/></td> </tr> <tr> <td>Media/communication <input type="checkbox"/></td> <td></td> <td>Quality of education <input type="checkbox"/></td> </tr> <tr> <td>Health <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Consumer education <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Environment/ecology <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Other <input type="checkbox"/> Please specify:</td> </tr> </table>	Intercultural dialogue <input type="checkbox"/>	Social integration/exclusion <input type="checkbox"/>	Comparing educational systems <input type="checkbox"/>	History/traditions <input type="checkbox"/>	European citizenship/ democracy/ regional identity <input type="checkbox"/>	School management <input type="checkbox"/>	Tourism <input type="checkbox"/>	Science/technology <input type="checkbox"/>	Raising pupil achievements <input type="checkbox"/>	Theatre, music, dance <input type="checkbox"/>	Information and communication technologies <input type="checkbox"/>	School cooperation with the local community <input type="checkbox"/>	Literature <input type="checkbox"/>	Industry/economy/world of work <input type="checkbox"/>	Pedagogical methods <input type="checkbox"/>	Foreign languages <input type="checkbox"/>	Violence at school <input type="checkbox"/>	Disabilities/special needs <input type="checkbox"/>	Crafts/professions <input type="checkbox"/>	Cultural Heritage <input type="checkbox"/>	Equal opportunities for men/women <input type="checkbox"/>	Media/communication <input type="checkbox"/>		Quality of education <input type="checkbox"/>	Health <input type="checkbox"/>			Consumer education <input type="checkbox"/>			Environment/ecology <input type="checkbox"/>			Other <input type="checkbox"/> Please specify:		
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Other <input type="checkbox"/> Please specify:																																					
Classes in the curriculum of the participating schools in which Partnership activities will be introduced <i>(this question can be left unanswered in the case of Partnerships which are not integrated into the curriculum, e.g. those addressing only school management issues):</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Arts and crafts <input type="checkbox"/></td> <td style="width: 50%;">Chemistry <input type="checkbox"/></td> </tr> <tr> <td>Music <input type="checkbox"/></td> <td>Biology <input type="checkbox"/></td> </tr> <tr> <td>History <input type="checkbox"/></td> <td>Geography <input type="checkbox"/></td> </tr> <tr> <td>Religion / ethics <input type="checkbox"/></td> <td>Environmental education <input type="checkbox"/></td> </tr> <tr> <td>Civics <input type="checkbox"/></td> <td>Health education <input type="checkbox"/></td> </tr> <tr> <td>Mother tongue <input type="checkbox"/></td> <td>Sports <input type="checkbox"/></td> </tr> <tr> <td>Foreign languages <input type="checkbox"/></td> <td>New technologies <input type="checkbox"/></td> </tr> <tr> <td>Mathematics <input type="checkbox"/></td> <td>Economics and business <input type="checkbox"/></td> </tr> <tr> <td>Physics <input type="checkbox"/></td> <td>Vocational subjects <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Other <input type="checkbox"/> Please specify:</td> </tr> </table>	Arts and crafts <input type="checkbox"/>	Chemistry <input type="checkbox"/>	Music <input type="checkbox"/>	Biology <input type="checkbox"/>	History <input type="checkbox"/>	Geography <input type="checkbox"/>	Religion / ethics <input type="checkbox"/>	Environmental education <input type="checkbox"/>	Civics <input type="checkbox"/>	Health education <input type="checkbox"/>	Mother tongue <input type="checkbox"/>	Sports <input type="checkbox"/>	Foreign languages <input type="checkbox"/>	New technologies <input type="checkbox"/>	Mathematics <input type="checkbox"/>	Economics and business <input type="checkbox"/>	Physics <input type="checkbox"/>	Vocational subjects <input type="checkbox"/>	Other <input type="checkbox"/> Please specify:																	
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Other <input type="checkbox"/> Please specify:																																					
<i>Does your Partnership address any of the operational objectives of the Comenius Programme in addition to the first two? (tick only one)</i>	x improving the quality and increase the volume of mobility involving staff and pupils x improving the quality and increasing the volume of partnerships between schools <input type="checkbox"/> encouraging the learning of modern foreign languages <input type="checkbox"/> supporting the development of ICT based content, services, pedagogies and practice <input type="checkbox"/> enhancing the quality and European dimension of teacher training <input type="checkbox"/> supporting improvements in pedagogical approaches and school management																																				

Partnership summary (Please give a brief and clear description of your Partnership proposal of maximum 200 words; note that this description may be used for publication) :

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B. PARTICIPATING INSTITUTIONS AND ASSOCIATED PARTNERS

Please note that **section B** of the application form must be completed **jointly** by all institutions participating in this Partnership.

This section contains details on those educational institutions which are eligible for a Partnership grant under Comenius. In case of doubt, please check with the National Agency of the country in which the institution is located.

In the case of a Bilateral Partnership, one of the institutions must be referred to as coordinating institution and the other as partner institution N°1.

B. 1 COORDINATING INSTITUTION

Name and address of the institution (If the application is successful, all correspondence and the grant agreement will be sent to this address)

Full legal name of institution in the national language:			
Street name and number:			
Post code and town/city:			City <input type="checkbox"/> Suburb <input type="checkbox"/> Rural area <input type="checkbox"/>
Region:			
Country:			
Telephone and fax number (include area and country code):	Telephone:		Fax:
E-mail:			
Website:			

Type of institution

Institution level (i.e. level involved in this Partnership):	<input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely:
Type of institution:	<input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely:

Number of staff:	Total :	Female:	Male:
Number of pupils:	Total :	Female:	Male:

Head of institution (The person who legally binds his/her institution and will sign the contract if the application is successful)

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Official title:		

Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Present Position:		
Street name and number:		
Post code and town/city:		
Region:		
Country:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		

Teachers and pupils from your school participating in the Partnership

Number of teachers participating in the Partnership:	Total :	Female :	Male :
Number of pupils participating in the Partnership:	Total :	Female:	Male:
Age of pupils participating in the Partnership:	Youngest :	Oldest :	
If secondary pupils are involved, please specify which type of class is most concerned:	<input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical		

Previous participation in EU programmes

Has your institution participated in the SOCRATES programme or any other activity supported by the European Union in the course of the past five years (e.g. LEONARDO DA VINCI, YOUTH FOR EUROPE, etc.)?			<input type="checkbox"/> YES (please fill in the table below) <input type="checkbox"/> NO
Year	European Union programme	Project reference number	Title

Context and motivation

How would you describe the context in which your institution is operating? (for example: Are you in a disadvantaged area? Do you face specific needs from pupils, staff or other groups, e.g. pupils at risk of social exclusion, pupils with special needs, migrants, refugees? If so, please explain.)

Why does your institution want to take part in European cooperation activities such as this Partnership? What are your objectives for European cooperation?

If your Partnership is a Bilateral Partnership, please also answer the following questions:

Mother tongue taught at your institution (= target language for your partner institution):	
Mother tongue taught at your partner institution (= target language for your institution):	
Is the mother tongue taught at your partner institution on the curriculum of the pupils from your institution participating in the class exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Will any languages other than those of the participating institutions be used to communicate within the Partnership?	Yes <input type="checkbox"/> Which language(s)? No <input type="checkbox"/>
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B.2 PARTNER INSTITUTIONS

Partner institution N° 1

Name and address of the institution (If the application is successful, all correspondence and the grant agreement will be sent to this address)

Full legal name of institution in the national language:				
Street name and number:				
Post code and town/city:		City <input type="checkbox"/>	Suburb <input type="checkbox"/>	Rural area <input type="checkbox"/>
Region:				
Country:				
Telephone and fax number (include area and country code):	Telephone:	Fax:		
E-mail:				
Website:				

The institution is willing to take over the coordination of the Partnership in case the application of the nominated coordinator is rejected in the selection procedure

Type of institution

Institution level (i.e. level involved in this Partnership):	<input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely:
Type of institution:	<input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely:

Number of staff:	Total :	Female:	Male:
Number of pupils:	Total :	Female:	Male:

Head of institution (The person who legally binds his/her institution and will sign the contract if the application is successful)

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Official title:		

Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Present position:		
Street name and number:		
Post code and town/city:		
Region:		
Country:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		

Teachers and pupils from your school participating in the Partnership

Number of teachers participating in the Partnership:	Total :	Female :	Male :
Number of pupils participating in the Partnership:	Total :	Female:	Male:
Age of pupils participating in the Partnership :	Youngest :	Oldest :	
If secondary pupils are involved, please specify which type of class is most concerned:	<input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical		

Previous participation in EU programmes

Has your institution participated in the SOCRATES programme or any other activity supported by the European Union in the course of the past five years (e.g. LEONARDO DA VINCI, YOUTH FOR EUROPE etc.)?			<input type="checkbox"/> YES (please fill in the table below) <input type="checkbox"/> NO
Year	European Union programme	Project reference number	Title

Context and motivation

How would you describe the context in which your institution is operating? (for example: Are you in a disadvantaged area? Do you face specific needs from pupils, staff or other groups, e.g. pupils at risk of social exclusion, pupils with special needs, migrants, refugees? If so, please explain.)

Why does your institution want to take part in European cooperation activities such as this Partnership? What are your objectives for European cooperation?

If the Partnership is a Bilateral Partnership, please also answer the following questions:

Mother tongue taught at your institution (= target language for the coordinating institution):	
Mother tongue taught at the coordinating institution (= target language for your institution):	
Is the mother tongue taught at the coordinating institution on the curriculum of the pupils from your institution participating in the class exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Will any languages other than those of the participating institutions be used to communicate within the Partnership?	Yes <input type="checkbox"/> Which language(s)? No <input type="checkbox"/>
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Partner institution N° 2

Name and address of the institution (If the application is successful, all correspondence and the grant agreement will be sent to this address)

Full legal name of institution in the national language:				
Street name and number:				
Post code and town/city:		City <input type="checkbox"/>	Suburb <input type="checkbox"/>	Rural area <input type="checkbox"/>
Region:				
Country:				
Telephone and fax number (include area and country code):	Telephone:	Fax:		
E-mail:				
Website:				

The institution is willing to take over the coordination of the Partnership in case the application of the nominated coordinator is rejected in the selection procedure

Type of institution

Institution level (i.e. level involved in this Partnership):	<input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely:
Type of institution:	<input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely:
Number of staff:	Total : Female: Male:

Number of pupils:	Total :	Female:	Male:
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Head of institution (The person who legally binds his/her institution and will sign the contract if the application is successful)

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Official title:		

Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Present position:		
Street name and number:		
Post code and town/city:		
Region:		
Country:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		

Teachers and pupils from your school participating in the Partnership

Number of teachers participating in the Partnership:	Total :	Female :	Male :
Number of pupils participating in the Partnership:	Total :	Female:	Male:
Age of pupils participating in the Partnership :	Youngest :	Oldest :	
If secondary pupils are involved, please specify which type of class is most concerned:	<input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical		

Previous participation in EU programmes

Has your institution participated in the SOCRATES programme or any other activity supported by the European Union in the course of the past five years (e.g. LEONARDO DA VINCI, YOUTH FOR EUROPE)?			<input type="checkbox"/> YES (please fill in the table below) <input type="checkbox"/> NO
Year	European Union programme	Project reference number	Title

Context and motivation

How would you describe the context in which your institution is operating? (for example: Are you in a disadvantaged area? Do you face specific needs from pupils, staff or other groups, e.g. pupils at risk of social exclusion, pupils with special needs, migrants, refugees? If so, please explain.)

Why does your institution want to take part in European cooperation activities such as this Partnership? What are your objectives for European cooperation?

Partner institution N° 3

Name and address of the institution (If the application is successful, all correspondence and the grant agreement will be sent to this address)

Full legal name of institution in the national language:				
Street name and number:				
Post code and town/city:		City <input type="checkbox"/>	Suburb <input type="checkbox"/>	Rural area <input type="checkbox"/>
Region:				
Country:				
Telephone and fax number (include area and country code):	Telephone:	Fax:		
E-mail:				
Website:				

The institution is willing to take over the coordination of the Partnership in case the application of the nominated coordinator is rejected in the selection procedure

Type of institution

Institution level (i.e. level involved in this Partnership):	<input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely:		
Type of institution:	<input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely:		
Number of staff:	Total :	Female:	Male:
Number of pupils:	Total :	Female:	Male:

Head of institution (The person who legally binds his/her institution and will sign the contract if the application is successful)

Family and first name:		Mr <input type="checkbox"/>	Ms <input type="checkbox"/>
Official title:			

Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

Family and first name:		Mr <input type="checkbox"/>	Ms <input type="checkbox"/>
Present position:			
Street name and number:			
Post code and town/city:			

Region:	
Country:	
Telephone and fax number (include area and country code):	Telephone: _____ Fax: _____
E-mail:	

Teachers and pupils from your school participating in the Partnership

Number of teachers participating in the Partnership:	Total : _____ Female : _____ Male : _____
Number of pupils participating in the Partnership:	Total : _____ Female: _____ Male: _____
Age of pupils participating in the Partnership:	Youngest : _____ Oldest : _____
If secondary pupils are involved, please specify which type of class is most concerned:	<input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical

Previous participation in EU programmes

Has your institution participated in the SOCRATES programme or any other activity supported by the European Union in the course of the past five years (e.g. LEONARDO DA VINCI, YOUTH FOR EUROPE etc.)?			<input type="checkbox"/> YES (please fill in the table below) <input type="checkbox"/> NO
Year	European Union programme	Project reference number	Title

Context and motivation

How would you describe the context in which your institution is operating? (for example: Are you in a disadvantaged area? Do you face specific needs from pupils, staff or other groups, e.g. pupils at risk of social exclusion, pupils with special needs, migrants, refugees? If so, please explain.)
Why does your institution want to take part in European cooperation activities such as this Partnership? What are your objectives for European cooperation?

If there are more than four institutions in the Partnership, please continue on a copy of pages 11 and 12.

B.3 ASSOCIATED PARTNERS

"Associated partners" are organisations, such as associations, local or regional authorities, companies, etc. (cf. list below the table) which will play an active role in the Comenius Partnership. If your institutions intend to involve such organisations in the Partnership activities, please include them hereafter. You can only include organisations from the countries involved in the Partnership.

Please give the full legal name and the status of the associated partners of the Partnership:	
Name	Status*

* *Types of organisations:*

Non-profit association (local/regional/national)

Non-profit association (international)

Research institute

Public authority (local)

Public authority (regional)

Public authority (national)

Private company (manufacturing)

Private company (services)

Other type of organisation

C. PARTNERSHIP CONTENT and ORGANISATION

Please note that **section C** of the application form must be completed **jointly** by **all institutions** participating in this Partnership. This requirement applies to **all types** of Comenius School Partnerships.

Please answer on a separate sheet and follow the order of the questions hereafter. The complete description of your Partnership should not exceed 4 pages of text.

1. What are the concrete aims of the Partnership?
2. What impact is the Partnership expected to have on the participants and other interested parties (on the pupils, teachers, institutions, local community, wider educational community)?
3. How do you intend to evaluate the progress of the Partnership and its impact on the participating pupils and teachers, the participating institutions and, where relevant, on the local community?
4. How do you intend to disseminate and use the results, experience and end products amongst the participating institutions, other institutions and the local community?
5. Please describe the role and tasks of all institutions involved in the Partnership.
6. How will effective communication and cooperation between the participating institutions be ensured?
7. Active involvement of pupils and/or staff
 - If you plan to actively involve pupils in the Partnership, please explain to what extent they will be involved in the planning, implementation and evaluation of activities.
 - If your Partnership mainly deals with pedagogical or management issues, please explain how all relevant staff will be actively involved in planning, implementation and evaluation of activities.
8. Integration of the Partnership into the curriculum and/or ongoing activities
 - If the Partnership focuses on pupil involvement, please explain how the Partnership will be integrated into the curriculum of the participating pupils at the institutions involved.
 - If your Partnership mainly deals with pedagogical or management issues, please explain how the Partnership activities will be integrated into the ongoing activities of the participating institutions.
9. If your Partnership concerns intercultural dialogue, please explain how you will address this theme.
10. If you have planned specific activities around one or several of the Comenius priorities below, please explain in detail the concrete measures you intend to take:
 - to promote early language learning, multilingual comprehension and/or Content and Language Integrated Learning (CLIL)
 - to help people with a disability or other special needs to take part in the Partnership
 - to help promote the participation of pupils or organisations disadvantaged for socio-economic, geographic or other reasons
 - to make sure that girls/women and boys/men have equal access to the Partnership
 - to meet the needs of children of occupational travellers and of mobile workers

To be answered for Bilateral Partnerships only (questions 11 and 12) :

Please note that Bilateral Partnerships are only possible if they have a clear focus on languages and include reciprocal class exchanges of minimum 10 days involving pupils aged at least 12.

11. Please describe for both participating schools what kind of preparation in the target language will be provided for the pupils participating in the Partnership prior to each exchange, in terms of a) the number of hours, b) who will provide the preparation, c) method(s) to be used, and d) expected proficiency level.¹
12. How will the pupils collaborate in practical terms during the visit to the partner school?

¹ A minimum of 20 hours of language preparation is recommended for languages that are not on the curriculum of participating pupils.

15. Mobility activities

Please present in the table below all mobilities that the participating institutions have planned for the Partnership duration (2007/08 and 2008/09). Add lines if necessary. Please note that mobility activities can only take place between institutions receiving funding to participate in the Partnership, or to events organised by Lifelong Learning Programme projects or networks, e.g. Comenius Network conferences. When planning your mobility activities, please consult section D (Grant request) to check the types of funding available.

Mobility description ¹	Sending partner	Sending country	Receiving partner	Receiving country	Approx starting date (month/year)	Duration (days)	Nr of pupils	+ nr of pupils with special needs	Nr of staff ²	+ nr of staff with special needs	Nr of persons from associated partners (if relevant)	Total number of persons

¹ E.g. project meeting, class exchange, teacher exchange, headteacher study visit, placement

² In the case of mobility involving persons which special needs, enter accompanying persons such as parents, guardians or carers in this column

D. Grant request

Please note that this section of the application form must be completed **individually** by each institution participating in the Partnership. The grant request relates exclusively to **your own institution's funding for 2007/08 and 2008/09**. This means that **each** participating institution has to complete an **individual** grant request.

D.1. GRANT AMOUNT REQUESTED

The grant amount is a contribution to your Partnership costs for both local activities and mobility. Please note that the mobility numbers shown below refer to staff and/or learners and not to number of activities or number of days. Please note that the mobility numbers shown below are the minimum required for your school to receive payment of the full grant amount at final report stage. With your final report, you will need to be able to provide proof of the mobilities actually carried out (e.g. boarding passes, certificates from host schools). You are of course free to carry out more mobility activities than this minimum within the limits of the funding awarded.

Please select from the list below the category that best corresponds to your workplan for the whole 2-year Partnership activity period and enter the correct grant amount for your own country as shown in Annex 1.

My school will carry out (select only one): Grant amount (€)¹:

Only for Multilateral Partnerships

At least 4 mobilities _____

For Multilateral Partnerships and for Bilateral Partnerships (NB: at least 10 pupils must participate in the class exchange in a Bilateral Partnership)

At least 12 mobilities _____

Only for Bilateral Partnerships (NB: at least 20 pupils must participate in the class exchange)

At least 25 mobilities _____

Please note:

1. Partnership funding is awarded as a **lumpsum** - this means that costs do not have to be proven with receipts. In order to receive payment of the full grant amount at final report stage, you will have to report on local activities, mobility activities and on outcomes of your Partnership. You will also have to be able to provide proof of mobility activities which may include, for example, boarding passes and certificates from partner schools of your participation in project meetings.

2. The National Agency in each country has defined the lumpsum amount which it will grant to its schools in each of the cases shown above. You will find these amounts in Annex 1.

3. Mobility activities can be undertaken by school education staff, pupils, representatives of associated partners (e.g. parents associations, local community associations) and, in the case of mobility involving persons with special needs, by accompanying persons such as parents, guardians or carers.

¹ Select the amount applicable in your own country from the table in Annex 1

D.2. PARTICIPANTS WITH SPECIAL NEEDS¹

If your school's Partnership activities (local activities and/or mobility) involve staff or pupils with special needs, you may request that the usual minimum mobility numbers be reduced. This is intended to make funds available for specific extra costs linked to participation of staff or pupils with special needs. Depending on the amount of extra costs, the National Agency may agree to reduce by up to half the minimum number of mobilities for which proof must be presented at final report stage.

Don't forget that accompanying persons such as parents, guardians or carers can also take part in mobility activities involving staff or pupils with special needs.

Please provide details below.

Please give details of the nature of any special needs which are linked to additional costs:	
Please give details of the expected extra costs:	
How many mobilities do you plan to carry out in total? (<i>This must be at least half of the usual number shown in section D.1 above</i>)	

Example: Your school applies in section D.1 for a Bilateral Partnership with a usual minimum of 12 mobilities, including a class exchange of at least 10 pupils. But you will have to pay for the transport of wheelchairs and for renting an adapted minibus in the destination country and so can only send a group of 8 persons (e.g. 5 pupils, 2 teachers and 1 carer). If your request is clearly explained in section D.2 above, your National Agency may agree that proof of the mobility of only 8 persons (instead of the usual 12) is required at final report stage. Your school will be granted the same grant amount as a Partnership undertaking at least 12 mobilities.

D.3. TRAVEL TO OR FROM OVERSEAS TERRITORIES

If your school's mobility activities include travel to and/or from the Overseas Territories listed in Annex 2², you may request that the minimum mobility numbers be reduced. This is intended to make funds available for extra travel costs. Depending on the amount of extra costs, the National Agency may agree to reduce by up to half the minimum number of mobilities for which proof must be presented at final report stage.

Please provide details below.

Please give details of the planned mobility activities to/from Overseas Territories and of the travel costs involved:	
How many mobilities do you plan to carry out in total? (<i>This must be at least half of the usual number shown in section D.1 above</i>)	

¹ The term "special needs" is intended to cover special learning, behavioural, health or physical needs.

² Or one of the following regions: Canary Islands, Guadeloupe, Martinique, French Guiana, Réunion, Azores, Madeira.

D.4 DECLARATION

To be signed by the person legally authorised to enter into legally binding commitments on behalf of your institution. Please note that the signature and the stamp has to be in the original on the application to be sent to your National Agency

"I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge.

I confirm that my institution has the financial and operational capacity to complete the proposed project.

I take note that under the provisions of the Financial Regulation applicable to the general budget of the European Communities¹, grants may not be awarded to applicants who are in any of the following situations:

(a) if they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

(b) if they have been convicted of an offence concerning their professional conduct by a judgement which has the force of res judicata;

(c) if they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify;

(d) if they have not fulfilled 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 they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;

(e) if they have been the subject of a judgement 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;

(f) if following another procurement procedure or grant award procedure financed by the Community budget, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations;

(g) if, in their grant application, they are subject to a conflict of interest;

(h) if, in their grant application, they are guilty of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the grant award procedure or fail to supply this information.

I confirm that neither I nor the institution for which I am acting as legal representative are in any of the situations described above, and am aware that the penalties set out in the Financial Regulation may be applied in the case of a false declaration."

Place:

Date :

Name and position in capital letters:

Signature:

¹ Further details may be consulted on: http://ec.europa.eu/budget/documents/implement_control_en.htm

ANNEX 1: NATIONAL AGENCY GRANT AMOUNTS IN EURO FOR NEW COMENIUS PARTNERSHIPS

	<i>At least 4 mobilities only for Multilateral Partnerships</i>	<i>At least 12 mobilities for Multilateral and Bilateral Partnerships</i>	<i>At least 25 mobilities only for Bilateral Partnerships</i>
BE(fr)	8.000	16.000	20.000
BE(nl)	5.000	10.000	20.000
BE(de)	8.000	16.000	16.000
BG	4.000	9.000	18.000
CZ	5.400	10.200	14.000
DK	5.000	10.000	16.000
DE	8.000	16.000	20.000
GR	6.000	12.000	21.000
EE	5.000	10.000	15.000
ES	8.000	10.000	16.000
FR	7.000	16.000	20.000
IE	8.000	16.000	22.000
IT	8.000	15.000	20.000
CY	5.000	12.000	18.000
LV	5.000	10.000	16.500
LT	6.000	11.500	20.000
LUX	8.000	16.000	22.500
HU	6.000	12.000	18.000
MT	9.000	18.000	25.000
NL	9.000	18.000	25.000
AT	6.000	11.000	20.000
PL	8.000	16.000	20.000
PT	5.000	13.000	20.000
RO	5.000	10.000	15.000
SI	6.500	13.000	20.000
SK	6.000	12.000	16.000
FIN	5.000	10.000	16.000
SE	4.500	10.000	18.000
UK	8.500	16.000	22.000
IS	7.400	11.200	19.400
LI	8.000	15.000	20.000
NO	5.500	12.000	18.000
TR	7.000	12.000	22.000

- Greenland
- New Caledonia and Dependencies
- French Polynesia
- French Southern and Antarctic Territories
- Wallis and Futuna Islands
- Mayotte
- St Pierre and Miquelon
- Aruba
- Netherlands Antilles
 - Bonaire
 - Curaçao
 - Saba
 - Saint Eustatius
 - Saint Martin (Sint Maarten)
- Anguilla
- Cayman Islands
- Falkland Islands
- South Georgia and the South Sandwich Islands
- Montserrat
- Pitcairn
- Saint Helena, Ascension Island, Tristan da Cunha
- British Antarctic Territory
- British Indian Ocean Territory
- Turks and Caicos Islands
- British Virgin Islands

¹ Overseas Association Decision of the Council, 2001/822/EC of 27 November 2001, OJ L 314/1