



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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 – 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 Technical Guidelines for e-Forms.

For more information on the award criteria according to which the quality assessment of this application will be done please refer to the Programme Guide.



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

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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
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	




Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

National Agency of the Applicant Organisation

Identification	
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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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Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Participating organisation(s)

Applicant Organisation

Role	APP - Applicant Organisation	
PIC	<input type="text"/>	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	<input type="text"/>	
Telephone 1	Prefilled after entered the PIC	
Fax	Prefilled after entered the PIC	



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Profile

Type of Organisation	
----------------------	--

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

Consortium

Are you applying on behalf of a consortium?

YES
NO

[QUESTION VISIBLE IF CONSORTIUM = YES]

Are you also involved in other consortia?

YES
NO



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

[IF YES]

Could you please briefly explain your role and rationale for participating in these consortia?

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Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Profile

Type of Organisation	
----------------------	--

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

Background and Experience

Please briefly present your organisation.

--

What are the activities and experience of your organisation in the areas relevant for this application?

--

Add Member



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Background and Experience

Please briefly present your organisation.

--

What are the activities and experience of your organisation in the areas relevant for this application?

--

Please 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.

--

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

YES
NO



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

[IF YES]

Please indicate:

EU Programme	Year	Project Identification or Contract Number	Applicant/Beneficiary Name

[+][-]

SAMPLE



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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	



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Contact Person

Role [NOT VISIBLE]	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

EN

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Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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	



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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.

--

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.

--



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Legal Representative

Role [NOT VISIBLE]	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	



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Contact Person

Role [NOT VISIBLE]	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

EN

Form hash code: 0000000000000000

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Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

[SECTION VISIBLE FOR CONSORTIUM = NO]

European Development Plan

What are the organisation's needs in terms of quality development and internationalisation? Please identify the main areas for improvement (for example management competences, staff competences, new teaching methods or tools, European dimension, language competences, curriculum, the organisation of teaching and learning).

[Max 5000 characters]

Please outline the organisation's plans for European mobility and cooperation activities, and explain how these activities will contribute to meeting the identified needs.

[Max 5000 characters]

Please explain how your organisation will integrate the competences and experiences acquired by staff participating in the project, into its strategic development in the future?

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Will your organisation use one of the following tools in connection with your mobility project?

a) eTwinning

(www.etwinning.net)

[BOOLEAN]

YES

NO

[IF YES]

Please describe how.

[Max 5000 characters]

b) The School Education Gateway (SEG)

(www.schooleducationgateway.eu)

[BOOLEAN]

YES

NO

[IF YES]

Please describe how.

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

c) EPALE (e-Platform for Adult Learning in Europe)

(<http://ec.europa.eu/epale/>)

YES
NO

[IF YES]

Please describe how.

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

[SECTION VISIBLE FOR AND CONSORTIUM = YES]

European Development Plan

What are the needs of the consortium in terms of quality development and internationalisation? Please specify for each consortium member, identifying the main areas for improvement (for example management competences, staff competences, new teaching methods or tools, European dimension, language competences, curriculum, the organisation of teaching and learning).

[Max 5000 characters]

Please outline the consortium's plans for European mobility and cooperation activities, and explain how these activities will contribute to meeting the identified needs of each consortium member.

[Max 5000 characters]

Please explain how the competences and experiences acquired by staff participating in the project will be integrated into the strategic development of each consortium member and of the consortium as a whole?

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Will your organisation use one of the following tools in connection with your mobility project?

a) eTwinning

(www.etwinning.net)

[BOOLEAN]	
YES	
NO	

[IF YES]

Please describe how.

[Max 5000 characters]

b) The School Education Gateway (SEG)

(www.schooleducationgateway.eu)

[BOOLEAN]	
YES	
NO	

[IF YES]

Please describe how.

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

c) EPALE (e-Platform for Adult Learning in Europe)

(<http://ec.europa.eu/epale/>)

YES

NO

[IF YES]

Please describe how.

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Description of the Project

Why do you want to carry out this project? What are its objectives?

[Max 5000 characters]

How did you choose your hosting partners?

If you have not yet defined all of your partners, please explain how you are going to find suitable hosting organisations for the mobilities you plan to organise. Please refer to any existing contacts or partnerships that will enable you to successfully find hosts in other countries.

If you are requesting funds for Advanced Planning Visits to prepare ErasmusPro mobilities, please include a justification of this request.

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

[VISIBLE FOR CONSORTIUM = "YES"]

Does the project involve an organisation that fulfils the role of an intermediary as it is described in the Programme Guide?

YES
NO

[IF YES]

Please indicate which organisation is an intermediary.

PIC	Full Legal Name of the Organisation (Latin Characters)

[IF YES]

How will the intermediary organisation help to organise the activities in your project?

[Max 5000 characters]

What are the most relevant topics addressed by your project?

[+][-]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Participants' Profile

If you are planning to organise ErasmusPro mobilities, please make sure to include information about them in your answers.

Please describe for each planned activity the background and needs of the participants involved and how these participants have been or will be selected. If there are participants with fewer opportunities please give information about their profile/background.

[Max 5000 characters]

Learning Outcomes

Which learning outcomes or competences (i.e. knowledge, skills and attitudes/behaviours) are to be acquired/improved by participants in each planned activity of your project?

[Max 5000 characters]

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

[+][-]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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

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

[Max 5000 characters]

SAMPLE



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Preparation

Please describe for each planned activity what will be done in preparation, by your organisation and, if relevant, by your partners and/or consortium members before the main activities take place.

If you are planning to organise ErasmusPro mobilities, please make sure to include information about them in your answers.

Practical Arrangements

How will the practical and logistic matters of each planned activity be addressed (e.g. travel, accommodation, insurance, safety and protection of participants, visa, social security, mentoring and support, preparatory meetings with partners etc.)?

[Max 5000 characters]

Project Management

How will you address quality and management issues (e.g. setting up of agreements or Memoranda of Understanding with partners, learning agreements with participants, etc.)?

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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?

[Max 5000 characters]

SAMPLE



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Main Activities

If you are planning to organise ErasmusPro mobilities, please make sure to include information about them in your answers.

Please outline chronologically and explain the objectives and content of the activities you are planning. If relevant, please describe the role of each project partner and/or consortium members in the activities.

[Max 5000 characters]

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

[Max 5000 characters]

How will the participants be monitored during their training placement? Who will monitor their work programme and progress?

[Max 5000 characters]

If applicable, please explain the need for accompanying persons.

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Activities' Details

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

		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)
1														
...														
		[*] [-]												
						Total								

Add Activity

Remove Activity

Validate

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Form hash code: 0000000000000000



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Follow-up

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

Impact

What is the expected impact on the participants, participating organisation(s) and target groups?

[Max 5000 characters]

What is the desired impact of the project at the local, regional, national, European and/or international levels?

[Max 5000 characters]

Dissemination of projects' results

Which activities will you carry out in order to share the results of your project outside your organisation/consortium and partners? What will be the target groups of your dissemination activities?

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Are you planning to use EPALE (<http://ec.europa.eu/epale/>) for disseminating your project's results?

YES

NO

[IF YES]

Please describe how.

[Max 5000 characters]

Evaluation

Which activities will you carry out in order to assess whether, and to what extent, your project has reached its objectives and results?

[Max 5000 characters]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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

[FIELD "NO. OF PARTICIPANTS" IS TO PREFILLED FROM THE MASTER ACTIVITIES TABLE AND MADE EDITABLE]

[THE VALUE ENTERED IN FIELD "NO. OF PARTICIPANTS" MUST BE EQUAL OR LOWER THAN THE VALUE ENTERED IN THE MASTER ACTIVITIES TABLE]

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										

Validate

EN

Form hash code: 0000000000000000



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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										

EN

Form hash code: 0000000000000000

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Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Organisational Support

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

EN

Form hash code: 0000000000000000

Validate

Page 36 of 51



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

[VISIBLE IF VET AND THERE IS AT LEAST ONE FLOW WITH DURATION HIGHER OR EQUAL TO 19 DAYS EXCLUDING TRAVEL DAYS IN ACTIVITIES OF TYPES: ERASMUS PRO-LONG TERM MOBILITY OF VET LEARNERS (VET-PLONG), SHORT TERM MOBILITY OF VET LEARNERS (VET-SHORT), ERASMUS PRO- LONG TERM MOBILITY OF VET LEARNERS (VET-CHARTER-PLONG) AND SHORT TERM MOBILITY OF VET LEARNERS (VET-CHARTER-SHORT)]

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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EN

Form hash code: 0000000000000000



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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			




Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Special Needs' Support

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

[+][-]

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Form hash code: 0000000000000000

Validate

Page 40 of 51




Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Exceptional Costs

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

[+][-]

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Form hash code: 0000000000000000

Validate



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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

[Max 5000 characters]

SAMPLE

EN

Form hash code: 0000000000000000

Validate

Page 42 of 51



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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]

[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]



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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			



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

Budget Summary

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

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

Organisational Support

Linguistic Support

Project Total Grant

Grant Calculated



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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.



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Erasmus+

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:

- 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



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

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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.

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.



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

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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



Application Form – Call: 2018

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

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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
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Total Size (up to a maximum of 10 240 kB)		

[MAXIMUM NUMBER OF ATTACHMENT: 10]

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