



AZIONE CHIAVE 1

MOBILITÀ INDIVIDUALE AI FINI DELL'APPRENDIMENTO

Ambito Istruzione e Formazione Professionale (VET)

Indicazioni per la compilazione dell'e-Form KA102

CALL 2016

PREMESSA

Obiettivo principale di questo strumento è fornire un supporto tecnico agli organismi **non titolari di Carta della Mobilità** nella compilazione dell'**e-Form KA102 - KA1 - Learning Mobility of individuals - VET Learner e Staff mobility** del Programma Erasmus+.

Si tratta di uno strumento soggetto ad aggiornamenti periodici ed è quindi importante verificare che la versione che si sta utilizzando sia quella in vigore.

Si ricorda che le indicazioni fornite di seguito non sostituiscono in alcun modo i documenti ufficiali reperibili sul sito www.erasmusplus.it <http://www.erasmusplus.it/erasmusplus/documenti-ufficiali-2/> dei quali è indispensabile prendere visione per una corretta compilazione dell'E-form.

In particolare si rimanda a: **ERASMUS+ Technical guidelines for completing application e-Forms** (versione in vigore) <http://www.erasmusplus.it/moduli-2/>



Erasmus+

ACCERTARSI DI AVERE SCELTO L'E-FORM GIUSTO!

annualità
azione
ambito

Application Form

✓ Call: 2016

✓ KA1 - Learning Mobility of Individuals
✓ VET learner and staff mobility

Form Version: 3.02

A. 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 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.

B. Context

Programme	Erasmus+
Key Action	Learning Mobility of Individuals
Action	Mobility of learners and staff
Action Type	VET learner and staff mobility
Call	2016
Round	Round 1
Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time)	02-02-2016 12:00:00
Language used to fill in the form	Italian <small>selezionare dal menù a tendina la lingua utilizzata per compilare l'e-form</small>

i campi in grigio sono precompilati

B.1. Project Identification

Project Title	i campi in rosa sono obbligatori
Project Acronym	i campi in giallo sono facoltativi
Project Start Date (dd-mm-yyyy)	inserire una data compresa tra 01/06/2016 e 31/12/2016
Project Total Duration (Months)	inserire una durata compresa tra 12 e 24 mesi
Project End Date (dd-mm-yyyy)	il sistema calcola automaticamente la data di fine progetto
Applicant Organisation Full Legal Name (Latin characters)	ITALIA 01 ORGANISATION TEST

Form hash code: 764BB7812524E96F

Form has not been submitted yet

EN



Form hash code



764BB7812524E96F

B.2. National Agency of the Applicant Organisation

Identification

IT01 (ITALIA)

selezionare dal menù a tendina l'Agenzia Nazionale del paese sede dell'Applicant Organisation

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

http://ec.europa.eu/education/erasmus-plus/national-agencies_en.htm

ATTENZIONE:

Per la corretta compilazione dell'E-FORM è necessario aver preso visione dei seguenti documenti ufficiali (reperibili sul sito www.erasmusplus.it nella sezione Modulistica - eform 2016):

- **REGOLAMENTO (UE) N. 1288/2013 DEL PARLAMENTO EUROPEO E DEL CONSIGLIO dell'11 dicembre 2013 che istituisce "Erasmus+": il programma dell'Unione per l'istruzione, la formazione, la gioventù e lo sport e che abroga le decisioni n. 1719/2006/CE, n. 1720/2006/CE e n. 1298/2008/CE**
- **Invito a presentare proposte 2016 — EAC/A04/2015 Programma Erasmus+ (2015/C 347/06)**
- **ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)**
- **Manuale per l'autenticazione in ECAS**
- **Manuale per la Registrazione URF**
- **ERASMUS+ Technical guidelines for completing application e-Forms (versione in vigore)**
- **ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)**



se si possiede già un
PIC valido non è
necessario richiederne
uno nuovo

C. Participating organisation(s)

C.1. Applicant Organisation

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

ATTENZIONE!
Eventuali modifiche relative ai
dati che compariranno
automaticamente premendo il
tasto **CHECK PIC** potranno essere
apportate nel *Portale del
Partecipante (URF)*

C.1.1. Profile

Type of Organisation

Is your organisation a public body?

Is your organisation a non-profit?

Total number of staff

Total number of learners



C.1.2. Consortium

Are you applying on behalf of a consortium?

selezionare **YES** dal menù a tendina nel caso di candidatura a nome di un **CONSORTIUM** (almeno 3 organizzazioni nazionali compreso l' Applicant) selezionare **NO** dal menù a tendina nel caso di candidatura di una singola **VET ORGANISATION** (senza altre organizzazioni nazionali)

C.1.2.1. Consortium Member

PIC

digitare il **PIC** dell'organizzazione membro del **CONSORTIUM** e premere il tasto **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

ATTENZIONE!
Eventuali modifiche relative ai dati che compariranno automaticamente premendo il tasto **CHECK PIC** potranno essere apportate nel *Portale del Partecipante (URF)*

C.1.2.1.1. Profile

Type of Organisation

selezionare dal menù a tendina la tipologia dell'organizzazione in assenza di una denominazione appropriata selezionare **OTHER**

Is the organisation a public body?

i campi si compilano automaticamente in base alle informazioni inserite nell'URF

Is the organisation a non-profit?

Total number of staff

inserire il numero dello staff oppure digitare 0



Non lasciare il campo vuoto!

inserire il numero di learners oppure digitare 0

Total number of learners

C.1.2.2. Consortium Member

digitare il PIC dell'organizzazione membro del CONSORTIUM e premere il tasto **CHECK PIC**

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

ATTENZIONE!

Eventuali modifiche relative ai dati che compariranno automaticamente premendo il tasto **CHECK PIC** potranno essere apportate nel *Portale del Partecipante (URF)*

C.1.2.2.1. Profile

selezionare dal menù a tendina la tipologia dell'organizzazione in assenza di una denominazione appropriata selezionare **OTHER**

Type of Organisation

Is the organisation a public body?

i campi si compilano automaticamente in base alle informazioni inserite nell'URF

Is the organisation a non-profit?

Total number of staff

inserire il numero dello staff oppure digitare 0

Total number of learners

inserire il numero di learners oppure digitare 0

Non lasciare il campo vuoto!



Add Member

E' possibile aggiungere ulteriori membri del Consorzio premendo il tasto ADD MEMBER



C.1.3. Background and Experience

Please briefly present your organisation.

[Empty text box for organisation presentation]

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

nel caso la candidatura sia presentata da un Consorzio, le informazioni inserite nella sezione C.1.3. Background and Experience, dovranno riferirsi sia alle singole organizzazioni che al Consorzio nel suo insieme

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.

[Empty text box for key staff information]

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

Yes se si risponde YES si apre una sezione nella quale dovranno essere inseriti i riferimenti dei progetti europei approvati/finanziati nei 12 mesi precedenti

Please indicate:



EU Programme	Year	Project Identification or Contract Number	Applicant/Beneficiary Name
xxxx	2015	xxxxxxx	xxxxxxx
xxxxx	2014	xxxxxx	xxxxxxx

C.1.4. 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

C.1.5. Contact Person

Title

Gender

First Name

Family Name

Department

Position

Email

Telephone 1

OLS Contact Person?

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

**ATTENZIONE!
E' OBBLIGATORIO INSERIRE
UNA CONTACT PERSON PER L'OLS!
(altrimenti non è possibile validare l'e-form)**

**se questa Contact Person si
occuperà anche dell'OLS
selezionare YES dal menù a
tendina**

Add Contact Person

**in caso contrario, premere il tasto
ADD CONTACT PERSON e digitare il
nominativo della persona che si
occuperà dell'OLS
selezionare YES dal menù a
tendina e a questo punto, tornando alla
prima contact person sarà possibile
selezionare NO**



tutti i partner transnazionali devono possedere un PIC!

C.2. Partner Organisation

PIC	Digitare il PIC del PARTNER transnazionale e premere il tasto 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	

ATTENZIONE!
Eventuali modifiche relative ai dati che compariranno automaticamente premendo il tasto **CHECK PIC** potranno essere apportate nel *Portale del Partecipante (URF)*

C.2.1. Profile

Type of Organisation	selezionare dal menù a tendina la tipologia dell'organizzazione in assenza di una denominazione appropriata selezionare OTHER
Is the partner organisation a public body?	i campi si compilano automaticamente in base alle informazioni inserite nell' URF
Is the partner organisation a non-profit?	
Total number of staff	inserire il numero dello staff oppure digitare 0
Total number of learners	inserire il numero di learners oppure digitare 0

C.2.2. Background and Experience

Please briefly present the partner organisation.



What are the activities and experience of the 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.

C.2.3. Legal Representative

Title	<input style="background-color: #fff3cd;" type="text"/>
Gender	<input style="background-color: #f8d7da;" type="text"/>
First Name	<input style="background-color: #f8d7da;" type="text"/>
Family Name	<input style="background-color: #f8d7da;" type="text"/>
Department	<input style="background-color: #fff3cd;" type="text"/>
Position	<input style="background-color: #f8d7da;" type="text"/>
Email	<input style="background-color: #f8d7da;" type="text"/>
Telephone 1	<input style="background-color: #f8d7da;" type="text"/>

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

C.2.4. Contact Person

Title	<input style="background-color: #fff3cd;" type="text"/>
Gender	<input style="background-color: #f8d7da;" type="text"/>
First Name	<input style="background-color: #f8d7da;" type="text"/>
Family Name	<input style="background-color: #f8d7da;" type="text"/>
Department	<input style="background-color: #fff3cd;" type="text"/>



Position

Email

Telephone 1

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

Add Partner

**premere il tasto
ADD PARTNER
per inserire altre
organizzazioni**



D. 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).

*Per indicazioni sul contenuto della Sezione
D. European Development Plan
cfr. Erasmus+ Programme Guide (versione in vigore)*

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.

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?



Nel compilare la Sezione E. Description of the Project fare riferimento ai seguenti documenti ufficiali:
- ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)
- ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)

E. Description of the Project

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

[Empty text box for project objectives]

How did you choose your project partners? What experiences and competences will they bring to the project? Please also describe how the project meets the needs and objectives of your partners.

[Empty text box for project partners]

What are the most relevant topics addressed by your project?

topic N.1	selezionare dal menù a tendina max 3 tematiche
topic N.2	
topic N.3	



N.B.
 Nel compilare le Sezioni F.; F.1; G.;G.1.G.2; G.3;H fare riferimento ai seguenti documenti ufficiali:
 - ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)
 - ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)

F. Participants' Profile

Please describe for each planned activity the background and needs of the participants involved and how these participants have been or will be selected.

[Empty text box for describing participant background and needs]

F.1. Learning Outcomes

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

[Empty text box for describing learning outcomes]

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?

instruments/certificates N.1	selezionare dal menù a tendina max 3 strumenti/certificati
instruments/certificates N.2	
instruments/certificates N.3	

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

[Empty text box for national instrument/certificate]

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

[Empty text box for using instruments/certificates]



N.B.
Nel compilare le Sezioni **G.;****G.1.G.2;** **G.3** fare riferimento ai seguenti documenti ufficiali:
- **ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)**
- **ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)**

G. 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.

G.1. 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.)?

G.2. 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.)?

G.3. 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?



N.B.
Nel compilare la Sezione H fare riferimento ai seguenti documenti ufficiali:
- ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)
- ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)

H. Main Activities

Please outline chronologically the main activities you plan to organise. If relevant, please describe the role of each project partner and/or consortium members in the activities.

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

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

If applicable, please explain the need for accompanying persons.



H.1. Activities' Details

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

Activity No.												A1	
Activity Type		selezionare la tipologia di attività dal menù a tendina											
Is this a long-term activity?		YES (da 61 giorni a 12 mesi) - NO (da 1 a 60 giorni)											
Flow No.	Country of Origin	Country of Destination	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	Italy	Finland	500 - 1999 km						10	4	0	1	2
				indicare la durata in MESI escluso il tempo di viaggio se si tratta di una long-term activity				inserire il numero totale di PARTECIPANTI comprensivo di SPECIAL NEEDS; APPRENTICES; FEWER OPPORTUNITIES; ACCOMPANYING PERSONS					
selezionare la fascia chilometrica dal menù a tendina													
per calcolare la distanza, collegarsi al sito http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm													
+ -													
Total				30	2	32	10	4	0	1	2		

Form hash code: 764BB7812524E96F

Form has not been submitted yet

EN

premere il tasto + per aggiungere flussi diversi per destinazione e/o durata

Add Activity Remove Activity

premere il tasto ADD ACTIVITY per aggiungere nuove attività

N.B.
 Nel compilare la Sezione H.1 fare riferimento ai seguenti documenti ufficiali:
 - ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)
 - ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)



Erasmus+

Application Form

Call: 2016

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Form Version: 3.02

selezionare la tipologia di attività dal menù a tendina; nel caso di attività rivolte allo STAFF non comparirà l'opzione <i>is this a long term activity</i> ?										A3			
Activity Type													
Flow No.	Country of Origin	Country of Destination	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)	Accompanying Persons (out of total number of Participants)		
1	Italy	Finland	500 - 1999 km						10	0	0		
						Total		30	2	32	10	0	0

selezionare Paese di partenza; Paese di destinazione e Fascia chilometrica dai menù a tendina

indicare la durata in GIORNI escluso il tempo di viaggio

inserire il numero totale di PARTECIPANTI comprensivo di SPECIAL NEEDS e ACCOMPANYING PERSONS

premere il tasto + per aggiungere flussi diversi per destinazione e/o durata

per calcolare la distanza, collegarsi al sito http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm

Form hash code: 764BB7812524E96F

Form has not been submitted yet

EN

Add Activity Remove Activity

premere il tasto ADD ACTIVITY per aggiungere nuove attività



Erasmus+

Application Form

Call: 2016

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Form Version: 3.02

H.1.1. Summary of Activities and Participants

Activity Type	No. of Activities	No. of Participants	Participants with Fewer Opportunities (out of total number of Participants)
Staff training abroad	1	10	solo learners
VET learners traineeships in companies abroad	1	10	
VET learners traineeships in vocational institutes abroad	1	10	1
Total	3	30	2

Nella Sezione H.1.1 Summary of Activities and Participants comparirà automaticamente lo schema riassuntivo delle attività indicate nella Sezione H.1

Form hash code: 764BB7812524E96F

Form has not been submitted yet

EN



I. Follow-up

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

I.1. Impact

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

N.B.
Nel compilare la Sezioni **I;I.1;I.2;I.3** fare riferimento ai seguenti documenti ufficiali:
- **ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)**
- **ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)**

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

Empty text box for describing the desired impact of the project.

I.2. 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?

Empty text box for describing dissemination activities and target groups.

I.3. Evaluation

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

Empty text box for describing evaluation activities.



Erasmus+

in questa sezione comparirà automaticamente il budget calcolato per ogni attività inserita nella Sez.H.1 suddiviso in voci di costo



Application Form

Call: 2016

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Form Version: 3.02

J. 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.

J.1. Travel

Activity No.	Activity Type	Flow No.	Country of Origin	Country of Destination	Distance Band	No. of Participants (including accompanying persons)	Travel Grant per Participant	Total Travel Grant Requested
A1	Staff training abroad	1	Italy					
A2	VET learners traineeships...	1	Italy					
A3	VET learners traineeships in...	1	Italy					
Total								

J.2. Individual Support

Activity No.	Activity Type	Flow No.	Country of Destination	Participants (Excluding Accompanying Persons)			Accompanying Persons			Total Grant Requested
				Duration per Participant (days)	No. of Participants (Excluding Accompanying Persons)	Grant per Participant	Duration per Accompanying Person (days)	No. of Accompanying Persons	Grant per Accompanying Person	
A1	Staff training abroad	1	Finland	92			7			
A2	VET learners traineeships...	1	Finland	32			5			
A3	VET learners traineeships in...	1	Finland	32			10			
Total										

Form hash code: 764BB7812524E96F

Form has not been submitted yet

EN

N.B. Per gli accompagnatori è possibile modificare la durata in giorni e inserirne una inferiore rispetto a quella prevista per i partecipanti.



Erasmus+

attenzione: il supporto organizzativo non è previsto per gli accompagnatori!

Application Form

Call: 2016

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Form Version: 3.02

J.3. Organisational Support

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

ATTENZIONE!
La sezione J.4. Linguistic Support compare solo se la mobilità dei learners ha durata pari o superiore a 30 giorni

J.4. Linguistic Support

J.4.1. Linguistic Assessment

Online linguistic assessment is obligatory for all VET Learners using either English, French, Italian, Spanish, German, Dutch, Swedish, Czech, Danish, Greek, Polish or Portuguese as a foreign language during mobility activities from 1 to 12 months.

Number of participants that will do their mobility using English, French, Italian, Spanish, German, Dutch, Swedish, Czech, Danish, Greek, Polish or Portuguese.

indicare il no. di learners che utilizzeranno come lingua veicolare una delle 12 previste per il linguistic assessment

J.4.2. Language Course

You can apply for support for language learning for your VET Learners. Support for language learning is available for VET Learner activities lasting from 1 to 12 months, either through access to language courses through the online linguistic support (OLS), or through a grant for languages/levels that are not available through the online tool.

Language Group	No. of Participants for language learning	Grant per Participant	Total Grant Requested
Group 1 (German, English, Spanish, French, Italian, Dutch)	indicare no. di learners con language course nelle lingue veicolari del Gruppo1		0.00
Group 2 (Other languages not included in group 1)	indicare no. di learners con lingue veicolari non incluse nel Gruppo 1		00.00
Total	16	Total	

J.5. Special needs' Support

Activity No.	Activity Type	No. of Participants With Special Needs	Description of Costs	Total Grant Requested
A1	VET learners traineeships...	4	specificare la tipologia di spesa	
A2	VET learners traineeships in...	4		
Total				

Form hash code: 764BB7812524E96F

Form has not been submitted yet

EN

premere il tasto + per selezionare l'attività nella quale saranno coinvolti partecipanti con bisogni speciali



Erasmus+

Application Form

Call: 2016

KA1 - Learning Mobility of Individuals

VET learner and staff mobility

Form Version: 3.02

Selezionare l'attività e il numero di partecipanti con **minori opportunità** per i quali si richiede il contributo aggiuntivo.
n.b. in questa sezione vanno inseriti anche i costi della **Garanzia fideiussoria** (fino al 75%)

J.6. Exceptional Costs

+	-	Activity No.	Activity Type	No. of Participants	specificare la tipologia di spesa	Total Grant Requested
						Total

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

Inserire eventuali commenti sulla formulazione del budget

premere il tasto +
per selezionare l'attività
nella quale saranno coinvolti
partecipanti con bisogni speciali



K. 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+ 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.

N.B.
Nel compilare la Sezione K. Project Summary fare riferimento ai seguenti documenti ufficiali:
- ERASMUS+ PROGRAMME GUIDE 2016 (versione in vigore)
- ERASMUS+ Guide for Experts on Quality Assessment (versione in vigore)

Please provide a translation in English.

ATTENZIONE!
IN CASO DI APPROVAZIONE:
Questa sezione sarà visibile sull'Erasmus+ Project Results Platform
<http://ec.europa.eu/programmes/erasmus-plus/projects/>
SI RACCOMANDA UNA TRADUZIONE ACCURATA



K.1. Summary of participating organisations

Name of the Organisation	Country of the Organisation	Type of Organisation
ITALIA 01 ORGANISATION TEST	Italy	School/Institute/Educational centre – Vocational Training (secondary level)
(...)		
Total number of participating organisations excluding consortium members where applicable		2

In questa sezione compariranno automaticamente tutte le organizzazioni coinvolte nel progetto esclusi i membri del National Consortium



K.2. 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
A1	VET learners traineeships in companies abroad					
A2	VET learners traineeships in vocational institutes abroad					
A3	Staff training abroad					
	Total					

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

Linguistic Support	
--------------------	--

K.2.1. Project Total Grant

Grant Calculated	
------------------	--

In questa sezione comparirà il contributo totale calcolato automaticamente dal sistema sulla base delle informazioni inserite nelle sezioni precedenti dell'e-form



L. 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.
 - ~~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.

ATTENZIONE!
PER LA KA102 NON SONO RICHIESTI
I MANDATES DEI PARTNER TRANSNAZIONALI



M. 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 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, the management of the administrative and financial aspects of the project if selected 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.
- 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 (see link below) associated with this form.

http://ec.europa.eu/programmes/erasmus-plus/documents/epluslink-eforms-privacy_en.htm



N. Declaration of Honour

To be signed by the person legally authorised to enter into legally binding commitments on behalf of the applicant organisation. Once signed it must be scanned and annexed to this application form.

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 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.

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:	N.B. deve coincidere con quello riportato nella sez. C.1.4. Legal Representative
Signature:	firma originale del LEGALE RAPPRESENTANTE
National ID number of the signing person (if requested by the National Agency):	
Stamp of the applicant organisation (if applicable):	timbro (se disponibile)

ATTENZIONE!
Prima di inviare online l'e-form stampare la **Sez. N. Declaration of Honour**, firmarla, timbrarla (se possibile), scannerizzarla e allegarla all'e-form nella **Sezione O. Annexes**



P. Submission

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

P.1. Data Validation

Validation of compulsory fields and rules

P.2. Standard Submission Procedure

Online submission (requires internet connection)

P.3. Alternative Submission Procedure

If you cannot submit your form online you can still do it by sending an email to your National Agency within the 2 hours following the official 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.

DOPO AVER VERIFICATO LA COMPLETEZZA E LA CORRETTEZZA DELLE INFORMAZIONI INSERITE, VALIDARE L'E-FORM E PREMERE IL TASTO SUBMIT ON-LINE

P.4. Submission Summary

This form has not been submitted. **Dopo l'invio comparirà una stringa contenente le seguenti informazioni: ORA D'INVIO DELL'E-FORM; HASH CODE DELL'E-FORM; STATO DELL'INVIO (YES/NO); RISULTATO DELL'INVIO E IDENTIFICATIVO DEL PROGETTO**

P.5. Form Printing

Print the entire form

**Si ricorda che l'invio dell'e-form è solo online.
Dopo l'invio è possibile stampare una copia cartacea dell'e-form da conservare agli atti.**

**In caso di problemi tecnici nell'invio dell'E-FORM
attenersi alle indicazioni della
Guida tecnica alla compilazione degli eForm
disponibile sul sito www.erasmusplus.it
nella sezione Modulistica - eform 2016**

Per approfondimenti e aggiornamenti sul Programma Erasmus+:
Commissione Europea - Direzione Generale Istruzione e Cultura (DG EAC):
http://ec.europa.eu/programmes/erasmus-plus/index_en.htm
Commissione europea - Agenzia Esecutiva per l'Istruzione, gli Audiovisivi e la Cultura (EACEA) (per le azioni centralizzate del Programma)
http://eacea.ec.europa.eu/index_en.php
Sito congiunto delle Agenzie Nazionali del Programma Erasmus+ Italia (per le azioni decentrate del Programma): <http://www.erasmusplus.it>