

Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

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ENVIRONMENT: TEST

A. GENERAL INFORMATION

Please send this report to your National Agency, duly completed and signed by 30 September 2011. This report is considered as your request for payment of the balance of the grant. Please check Annex III of your grant agreement for a detailed explanation of the calculation of the final grant amount.

Programme LIFELONG LEARNING PROGRAMME

Sub-programme COMENIUS

Action type PARTNERSHIPS

Action COMENIUS Multilateral school partnerships

Call 2009

Working language of the partnership BG - Bulgarian

B.1. PROJECT IDENTIFIERS

Grant agreement no. 2009-1-GR1-COM06-00079 1

Project title project title

Project acronym acronym

National Id national id

Form hash code 079354C16AF4C455

B.2. NATIONAL AGENCY

Identification // GR1 LLP (IKY)

Postal address Makri 1 & Dionysiou Areopagitou, 11742, Athens Greece

Email address | Ilpeforms@iky.gr

Website www.iky.gr



Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

C. IDENTIFICATION OF THE BENEFICIARY

C.1. BENEFICIARY ORGANISATION

CII. DENEI ICIARI ORGANISATION	
Role	Coordinator (CO)
Full legal name (national language)	Specimen - Do not use
Full legal name (latin characters)	Specimen - Do not use
Acronym	Abbr Leg Name
National id (if applicable)	Nat Id
Type of organisation	
Scope	european (E)
Legal status	public (PB)
Size (staff)	
Size (pupils)	
Legal address	Legal address
Postal code	postal code
City	City
Country	EL - GREECE
Region	
Telephone 1	Phone 1
Telephone 2	Phone 2
Fax	Fax
Email	Email
Website	Website





Call: 2009

Partnerships





Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

C.3. LEGAL REPRESENTATIVE Title First name new person Family name new person Organisation Edit Department Department Position Work address Postal code City AT - AUSTRIA Country Telephone 1 Telephone 2 Fax **Email** C.4. SOURCE OF INFORMATION At application stage how did you find information about partnerships?



Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

D. IDENTIFICATION OF THE PARTNERS **D.1. PARTNER ORGANISATION** GR1 LLP (IKY) National Agency identification Role Partner (PA) Specimen - Do not use 2 Full legal name (national language) Full legal name (latin characters) Specimen - Do not use 2 Abbr Leg Name Acronym National id (if applicable) Nat Id Type of organisation Scope european (E) public (PB) Legal status Size (staff) Size (pupils) Legal address Legal address Postal code postal code City City EL - GREECE Country Region Telephone 1 Phone 1 Phone 2 Telephone 2 Fax Fax **Email** Email Website Website





Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

D.2. PARTNER ORGANISATION GR1 LLP (IKY) National Agency identification Role Partner (PA) Full legal name (national language) Specimen - Do not use 3 Full legal name (latin characters) Specimen - Do not use 3 Acronym Abbr Leg Name National id (if applicable) Nat Id Type of organisation Scope european (E) Legal status public (PB) Size (staff) Size (pupils) Legal address Legal address Postal code postal code City City EL - GREECE Country Region Telephone 1 Phone 1 Telephone 2 Phone 2 Fax Fax Email Email Website Website





Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

E. PART A (CONCERNING THE PARTNE	RSHIP AS A WHOLE)	
E.1. SUMMARY		
Please provide a brief description of the pa (maximum of 5000 characers). The provided su	rtnership carried out in the communication language mmary may be used for publication.	of the partnership
Translation of Summary into English.		
E.2. OUTCOMES		
Please fill the following table with the outcomes	produced by your partnership.	
Identifier	1	
Туре		
Title		
Description		
Date (dd-mm-yyyy)		
Educational field		
Topics		
Target group(s)/potential beneficiaries		
Languages		
Source		
Creator		
Publisher A		



Coverage



Call: 2009

Partnerships

	$/\!/$ \wedge
Copyright/Rights	
Target sectors	
Medias used	
E.3. EUROPEAN ADDED VALUE	
What was the added value of the partnership to	owards a more intensive European cooperation?
E.4. PARTNERSHIP OBJECTIVES ACHIEVEN	
Please summarise briefly the main aims/objectiv	ves of your partnership.
E.5. KEY COMPETENCES	
Please enter the specific key competences add	essed by your partnership.
Please specify any concrete measures and activ	ities undertaken at partnership level.
E.6. HORIZONTAL ISSUES	
Please enter the horizontal issues addressed by	your partnership.
need to combat racism, prejudice and	
Cultural and linguistic diversity (CulD	iv)





Report Form

Call: 2009

Partnerships

	Fight against racism and xenophobia (RacXen)
	Making provision for learners with special needs, and in particular by helping to promote their integration into mainstream education and training (SpecNeed)
	Promoting equality between men and women and contributing to combating all forms of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation (Discr)
	Equal opportunities men and women (Equal)
	Sexual discrimination, orientation (SexDis)
	Racial or ethnic origin (RacEth)
	Age (Age)
If other, p	please specify.
Please sp	ecify any concrete measures and activities undertaken at partnership level.
E 7 WOE	RKPLAN AND TASKS
II some o	of the tasks carried out are different form those planned at application stage, please explain why.
E.8. COM	IMUNICATION AND COOPERATION
How wou	uld you describe the cooperation and communication between the participating organisations involved in your nip? Were all organisations equally involved?
<	





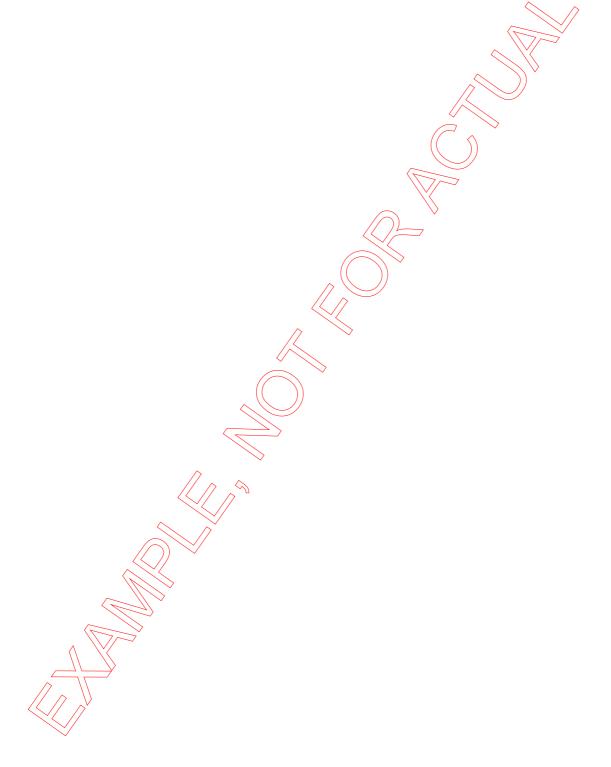
Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

E.9. PARTNERSHIP LANGUAGES

Please enter the communication and working languages used in the partnership.





Report Form
Call: 2009
Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

E.10. EVALUATION E.10.1. PROGRESS MONITORING How did you monitor and evaluate the progress and the expected impact of the partnership? What were the main conclusions and consequences of the monitoring and evaluation? E.10.2. RESULTS/PRODUCTS/OUTCOMES ACHIEVEMENT To what extent were results/products/outcomes previously identified at application stage achieved? If your outcomes were different to those indicated at application stage, please explain the reasons for these changes. **E.10.3. AIMS/OBJECTIVES ACHIEVEMENT** To what extent were the aims/objectives previously stated at application stage achieved? In case of underachievement, please explain which aims/objectives were not achieved and for what reasons.





Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

F. PART B (CONCERNING YOUR OWN INSTITUTION)

F.1. PARTICIPANTS

F.1.1. ACTIVITIES

Please enter the details about the number of participants from your institution involved in partnership activities and mobilities.

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

F.1.2. AGE RANGES

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

Age Range	No. of Pupils / Learners / Trainers

F.2. PARTNERSHIP ACTIVITIES

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

Activity No.	1
Description	
Activity type	
Start date (dd-mm-yyyy)	
Duration (days)	
Actors involved	





Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

To what extent were the planned activities previously stated at application stage achieved?

Please identify not fully achieved activities and explain the reasons and impact on the overall partnership. If some of the activities carried out are different from those planned at application stage, please explain why.





Call: 2009

Partnerships

F.3. IMPACTS	
F.3.1. PUPILS/LEARNERS/TRAINEES	
What impact did the partnership have on the pupils/learners/trainees?	
AREA	RATING
Increased language skills (Pupil-Lang)	
Increased ICT skills (Pupil-ICT)	
Increased social skills (Pupil-Social)	
Increased motivation (Pupil-Motiv)	
Increased self-confidence (Pupil-Self)	
Increased knowledge about partner countries and cultures (Pupil-Culture)	
Other (Pupil-Oth)	
Please comment on your choices.	-1
F.3.2. TEACHERS/STAFF	
What impact did the partnership have on the teachers/staff?	
AREA	RATING
Increased language skills (Staff-Lang)	
Increased ICT skills (Staff-ICT)	
Increased pedagogical skills (Staff-Pedag)	
Increased motivation (Staff-Motiv)	
Increased project management skills (Staff-PrjMng)	
Increased knowledge about partner countries and cultures (Staff-Culture)	
Other (Staff-Oth)	
Please comment on your choices.	1





Report Form
Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

F.3.3. ORGANISATION	
What impact did the partnership have on your organisation?	
AREA	RATING
Changes to the curriculum/training programme (Home-Curr)	
Changes to organisational arrangements (Home-Org)	
Increase support of the organisation management (Home-Supp)	
Changes in language teaching policy (Home-LangPol)	
Increased cooperation among staff (Home-StaffCoop)	
Other (Home-Oth)	
Please comment on your choices.	
F.3.4. LOCAL COMMUNITY	
What impact did the partnership have on the local community?	
AREA	RATING
Increased support and participation of family members (Local-Family)	
Increased cooperation with other local organisations (Local-Coop)	
Increased cooperation with local companies (Local-Comp)	
Increased support and participation of other local actors (Local-Actor)	
Other (Local-Oth)	
Please comment on your choices.	
F.3.5. OTHER IMPACTS	

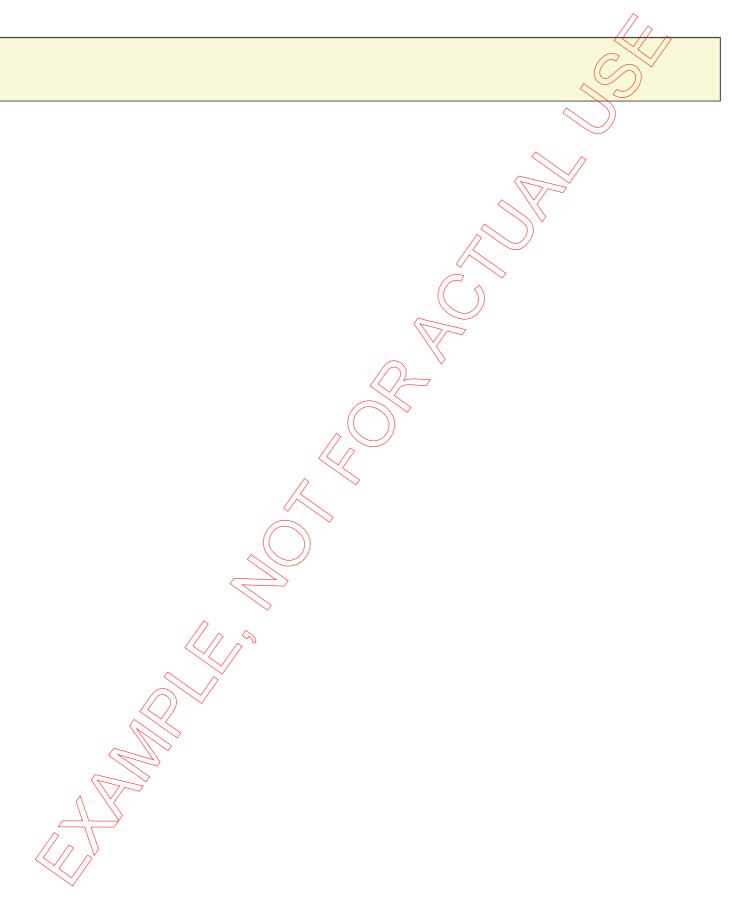


Please describe any other impact you have noted.



Call: 2009

Partnerships





Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

F.4. DISSEMINATION How have you informed your organisation/other organisations/the local community of the results of your partnership? Please specify the dissemination activities carried out.



Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

F.5. SUSTAINABILITY

How do you think that the outcomes of your partnership could be used by others?







Call: 2009

Partnerships

F.6. MOBILITY PARTICIPATION			
Mobility Type of Grant Awarded	COM-4M		
Number of Reduced Mobilities (due to staff or pupils/learners/trainees with special needs or travel to or from Overseas Countries and Territories)			
Please enter the mobility participation details.			7
Mobility No.	1		
Host Organisation			
Receiving Country			
Receiving Location			
Description			
Start date (dd-mm-yyyy)		7	
End date (dd-mm-yyyy)			
Duration (days)			
No. of Pupils/Learners/Trainees			
Out of Which No. of Pupils/Learners/Trainees With Special Needs			
No. of Staff			
Out of Which No. of Staff With Special Needs			
No. of Accompanying Persons			
	,		
F.6.1. MOBILITY PARTICIPATION SUMMAR	RY		
Total No. of Pupils/ Learners/Trainees Out of which Total No. of Pupils/ Learners/Trainees With Special Needs	Total No. of Staff	Out of which Total No. of Staff With Special Needs	Total No. of Accompanying Persons
0 0	0	0	0



Report Form
Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

G. LESSONS LEARNED

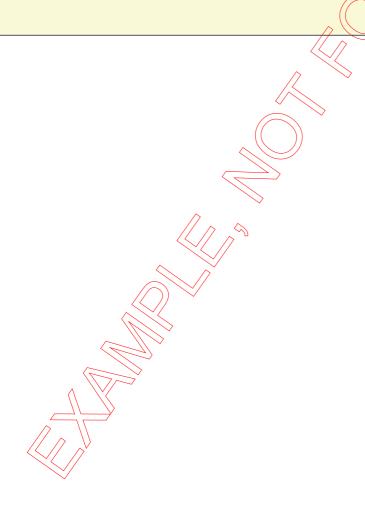
G.1. PROBLEMS/OBSTACLES ENCOUNTERED

If applicable, please describe any difficulty you encountered before/during/after the Partnership and how they were solved.

Please enter here any other comments you may have.

G.2. COMMENTS AND SUGGESTIONS

Please provide any further comments you might wish to make to the National Agency or the European Commission on the management and implementation of Comenius/Grundtvig/Leonardo da Vinci Partnerships' projects (such as recommendation for future measures, administrative procedures, level of funding, etc.)







Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

H. EU FUNDING					
Partner organisation	National Agency of the organisation	Partnership type	No. of realised mobilities (pupils/ learners)	No. of realised mobilities (staff)	Total No. of realised mobilities
Specimen - Do not use	GR1 LLP (IKY)	COM-4M	1	3	4

I. DATA PROTECTION NOTICE

PROTECTION OF PERSONAL DATA

The grant application will be processed by computer. All personal data (such as names, addresses, CVs, etc.) will be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Information provided by the applicants necessary in order to assess their grant application will be processed solely for that purpose by the department responsible for the programme concerned. On the applicant's request, personal data may be sent to the applicant to be corrected or completed. Any question relating to these data, should be addressed to the appropriate Agency to which the form must be submitted. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at anytime.

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

J. GRANT HOLDER'S DECLARATION AND SIGNATURE

To be signed by the person legally authorised to sign on behalf of your institution/organisation and by the partnership contact person in your institution/organisation.

We, the undersigned, certify that the information contained in this Final Report is correct to the best of our knowledge and we herewith request the balance payment of the grant awarded.					
Place:	Date:				
Name of the contact person (in capital letters):					
Position of the contact person (in capital letters):					
Signature of the contact person:					
Place:	Date:				
Name of the Head of Institution/Organisation (in capital letters):	_				
Position of the Head of Institution/Organisation:					
Signature of the Head of Institution/Organisation:					
Stamp of the Institution/Organisation:					

K. SUBMISSION

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





Call: 2009

Partnerships

Form version: 2.6 / Adobe Reader version: 9.401

K.1. DATA VALIDATION

Validation of compulsory fields and rules

K.2. SUBMISSION SUMMARY

This table provides additional information (log) of all form submission attempts, particularly useful for the National Agencies in case of multiple form submissions.

Number	Time	Event	Form hash code	Status
1	2011-04-08 16:00:53 *	Form has not been submitted yet	079354C16AF4C455	Unknown

^{*} means local PC time, which is not trusted and cannot be used for claiming that the form has been submitted in time

K.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

K.4. ALTERNATIVE SUBMISSION PROCEDURE

Creates a file to be sent by email to the National Agency

(To be used ONLY if online submission is not available. Please see instructions about this procedure in the "Applicant Guide")

