



Education and Culture DG

Lifelong Learning Programme

Participant Report

Call: 2011

Leonardo da Vinci Mobility

Form version: 0.4 / Adobe Reader version: 9.401

THIS FORM IS ONLY FOR TESTING AND ONLY FOR INTERNAL EUROPEAN COMMISSION / NATIONAL AGENCIES USE. PLEASE DO NOT DISTRIBUTE!

ENVIRONMENT: TEST

A. GENERAL INFORMATION

Please send this report duly completed and signed by you to your beneficiary organisation within 30 days after the final end date of the action.

B. SUBMISSION

Programme

LIFELONG LEARNING PROGRAMME

Sub-programme

LEONARDO DA VINCI

Action type

MOBILITY

Action

LEONARDO DA VINCI VETPRO (VET Professionals)

Call

2011

B.1. PROJECT IDENTIFIERS

Grant agreement no.

2011-1-GR1-LEO01-00526

Project title (national language)

Project

Beneficiary organisation name

Beneficiary Organisation

Participant name

FirstName LastName

Submission id

Form id

DCAAAF6B

Form hash code



DCAAAF6B5A628412

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C. MOBILITY EXPERIENCE**C.1. MOBILITY EXPERIENCE EDUCATION**

Economic sector	A - AGRICULTURE, FORESTRY AND FISHING
Field of education	Agriculture, forestry and fishery (62)
Level of education	ISCED 4GEN - general programmes

C.2. MOBILITY - 1**C.2.1. MY HOST ORGANISATION**

Full legal name (national language)	Host Organisation
Full legal name (latin characters)	Host Organisation
City	Brussels
Country	BE - BELGIUM

C.2.2. MOBILITY DETAILS

Origin country	EL - GREECE
Destination country	AT - AUSTRIA
Departure date (dd-mm-yyyy)	01-01-2011
Return date (dd-mm-yyyy)	01-02-2011
Duration (in weeks)	4
Duration (in days)	0

C.2.3. LANGUAGES USED

Please list the languages used in this mobility.

EN - English

DE - German

C.2.4. GENERAL PRESENTATION OF MOBILITY PERIOD

Please provide a brief description of the objectives, programme, activities, host organisation, networking, conditions for accommodation, free time activities, etc.

comment

Explain the main personal reasons for choosing to participate in this project.

comment

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C.2.5. PREPARATION

Have you done any preparatory activities?

Yes

Explain how you have prepared yourself for this Mobility with reference to linguistic courses attended, choice of host country and organisation, host country culture and work organisation, etc.

comment

Please evaluate the following aspects concerning preparation of your Mobility.

ASPECT	EVALUATION
Overall satisfaction regarding preparation (PrepOverSat)	Totally accomplished (Tot)

C.2.6. CONTENT

Please evaluate the following aspects concerning the content of your Mobility.

ASPECT	EVALUATION
I was given proper help to find a suitable host organisation/company where the mobility actually took part (ContFindOrg)	Totally accomplished (Tot)
Objectives and work programme of my Mobility were clearly defined (ContObjDef)	Totally accomplished (Tot)
Duration was adequate to fulfil the above (ContDurAdeq)	Totally accomplished (Tot)
Follow-up and support by my sending organisation was satisfactory (ContSendSupp)	Totally accomplished (Tot)
Overall satisfaction regarding my Mobility (ContOverSat)	Totally accomplished (Tot)

Please explain how your sending and hosting organisation (company (organisation) where the placement actually took part) organised your Mobility. Was the mobility provided by the sending organisation/intermediary organisation or did you find the organisation for the mobility yourself.

comment

What was your involvement in the Mobility organisation?

comment



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Please provide a description of your learning/training experience during the Mobility's implementation.

comment

C.2.7. RECOGNITION

C.2.7.1. EVALUATION

Overall satisfaction regarding recognition of my Mobility (RecOverSat)

Totally accomplished (Tot)

C.2.7.2. CERTIFICATION

Please enter the recognition/certification types received from each organisation involved in the Mobility.

ORGANISATION	RECOGNITION/CERTIFICATION TYPE
Sending Partner	Diploma (Dip)
Intermediary Partner	Europass Curriculum Vitae (CV) (Europass_CV)
Host Organisation	Europass Language Passport (Europass_LangP)

If applicable, please describe how the certification contributed towards your professional development.

comment

C.2.8. OUTCOMES

Please evaluate the following aspects concerning the outcomes of your Mobility.

ASPECT	EVALUATION
I got to know another system of VET and/or Lifelong learning and/or guidance (OutDiscoverOtherVET)	Totally accomplished (Tot)
I discovered new contents, new techniques, new methods, new technologies in my field of training (OutNewTechMethDiscover)	Totally accomplished (Tot)
I gathered useful teaching material and relevant documents (OutTeachMaterial)	Totally accomplished (Tot)
I developed my general linguistic competences (OutLangGeneral)	Totally accomplished (Tot)
I developed linguistic competences in my professional field (OutLangField)	Totally accomplished (Tot)
I developed useful contacts for future partnerships (OutContactDevelop)	Totally accomplished (Tot)
I intend to further develop networking activities (OutNetworkDevelop)	Totally accomplished (Tot)
I now have a better understanding of training and practise in VET (OutVETKnowl)	Totally accomplished (Tot)

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I now have a better understanding of requirements of industry and labour market (OutLabMarketKnowl)	Totally accomplished (Tot)
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Overall satisfaction regarding the outcomes of my Mobility (OutOverSat)	Totally accomplished (Tot)
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Please describe the benefits you have gained from your Mobility abroad and the impact you expect on your professional/ personal life, your organisation and on you students and persons you work with.

comment

C.2.9. PRACTICAL ARRANGEMENTS

Please evaluate/provide feedback on the following aspects concerning the practical arrangements of your Mobility.

AREA	RATING
I completed and understood a contract with my host/sending/intermediary organisations regarding my Mobility (PractContract)	Yes
I am satisfied with the grant provided by the Leonardo programme for accommodation and subsistence (PractSubsGrant)	Totally accomplished (Tot)
I am satisfied with the arrangements for transportation (PractTransport)	Totally accomplished (Tot)
I am satisfied with the arrangements for insurance (PractInsurance)	Totally accomplished (Tot)
I am satisfied with the information and support I received concerning my social protection (PractSocialProtect)	Totally accomplished (Tot)
I am satisfied with the information and support I received concerning my personal safety? (PractSafety)	Totally accomplished (Tot)
I am satisfied with the assistance I received concerning the practicalities of training/ working abroad (PractPract)	Totally accomplished (Tot)
Overall satisfaction regarding support from sending organisation for practical arrangements (PractSendSupp)	Totally accomplished (Tot)
Overall satisfaction regarding support from host organisations for practical arrangements (PractHostSupp)	Totally accomplished (Tot)
Overall satisfaction regarding financial support provided by the Leonardo da Vinci programme (PractLeoFinSupp)	Totally accomplished (Tot)



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D. LESSONS LEARNED

D.1. PROBLEM HANDLING

Please describe any problem you encountered, including also the solutions applied.

comment

D.2. COMMENTS AND SUGGESTIONS

Please provide any further comments you might wish to make in order to help other participants.

comment

Please provide any further comments you might wish to make concerning programme improvements.

comment



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E. 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/>

F. PARTICIPANT DECLARATION AND SIGNATURE

I, the undersigned, hereby declare that the attached information is accurate and in accordance with the facts.

Place: _____

Date: _____

Name: _____

Signature: _____

EXAMPLE, NOT FOR ACTUAL USE

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G. SUBMISSION

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

G.1. DATA VALIDATION

Validation of compulsory fields and rules

G.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	2011-05-30 14:16:40 *	Form has not been submitted yet	DCAAAF6B5A628412	Unknown

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

G.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

G.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")