



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

ENVIRONMENT: ACC

## A. GENERAL INFORMATION

Please send this report duly completed and signed to your National Agency. Once this report and the supporting documents are submitted and approved, the National Agency will proceed with the payment of supplementary pre-financing.

## B. SUBMISSION

Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	LEONARDO DA VINCI
Action type	MOBILITY
Action	LEONARDO DA VINCI PLM (People in the Labour Market)
Call	2013
Report Type	INTERIM (Interim)

## B.1. PERIOD COVERED

From (dd-mm-yyyy)	01-01-2013
To (dd-mm-yyyy)	01-01-2014

## B.2. PROJECT IDENTIFIERS

Grant agreement no.	2012-1-ES1-LE002-00001
Project title (national language)	Project title
National id (if applicable)	National id
Beneficiary name	Full legal name
Submission id	
Form hash code	 97F69E2BE75A1C25



### B.3. NATIONAL AGENCY

Identification	ES1 LLP (OAPEE)
Postal address	Organismo Autónomo Programas Educativos Europeos Gustavo Fernández Balbuena, 13. 28002 Madrid
Email address	informatica@oapee.es
Helpdesk	informatica@oapee.es
Website	<a href="http://www.oapee.es">http://www.oapee.es</a>



**C. IDENTIFICATION OF THE BENEFICIARY**

**C.1. BENEFICIARY ORGANISATION**

Full legal name (national language)	Full legal name
Full legal name (latin characters)	Full legal name
Acronym	Acronym
National id (if requested by the NA)	National id
Type of organisation	Association of professors and researchers (ASC-RES)
Commercial orientation	For profit (P)
Scope	local (L)
Legal status	private (PR)
Economic sector	A - AGRICULTURE, FORESTRY AND FISHING
Size (staff)	staff 1 to 20
Legal address	Legal address
Postal code	Postal code
City	City
Country	AT - AUSTRIA
Region	AT11 - Burgenland (A)
Telephone 1	1234567890
Telephone 2	1234567890
Fax	1234567890
Email	email@email.com
Website	http://website.com

**C.1.1. CONTACT PERSON**

Title	Title
First name	FIRST NAME



Family name	LAST NAME
Department	Department
Position	Position
Work address	Work address
Postal code	Postal code
City	City
Country	AT - AUSTRIA
Region	AT11 - Burgenland (A)
Telephone 1	1234567890
Telephone 2	1234567890
Mobile	1234567890
Fax	1234567890
Email	email@email.com

**C.1.2. PERSON AUTHORISED TO SIGN THE GRANT AGREEMENT**

Title	Title
First name	FIRST NAME
Family name	LAST NAME
Organisation	Organisation
Department	Department
Position	Position
Work address	Work address
Postal code	Postal code
City	City
Country	AT - AUSTRIA
Region	AT11 - Burgenland (A)



Telephone 1	1234567890
Telephone 2	1234567890
Mobile	1234567890
Fax	1234567890
Email	email@email.com

### C.1.3. BACKGROUND/EXPERIENCE

Has a Leonardo da Vinci Mobility Certificate been granted to your organisation?

Yes

NO. OF LEONARDO MOBILITY CERTIFICATE

12324567890



## C.2. PARTNER ORGANISATION

Full legal name (national language)	Full legal name
Full legal name (latin characters)	Full legal name
National id (if requested by the NA)	National id
Type of organisation	Association of professors and researchers (ASC-RES)
Commercial orientation	For profit (P)
Scope	local (L)
Legal status	private (PR)
Economic sector	A - AGRICULTURE, FORESTRY AND FISHING
Size (staff)	staff 1 to 20
Legal address	Legal address
Postal code	Postal code
City	City
Country	AT - AUSTRIA
Region	AT11 - Burgenland (A)
Telephone 1	1234567890
Telephone 2	1234567890
Fax	1234567890
Email	email@email.com
Website	http:// website.com

### C.2.1. CONTACT PERSON

Title	Title
First name	FIRST NAME
Family name	LAST NAME
Organisation	Organisation



Department	Department
Position	Position
Work address	Work address
Postal code	Postal code
City	City
Country	AT - AUSTRIA
Region	AT11 - Burgenland (A)
Telephone 1	1234567890
Telephone 2	1234567890
Mobile	1234567890
Fax	1234567890
Email	email@email.com



**C.3. PARTICIPANTS**

FIRST NAME	FAMILY NAME	DATE OF BIRTH	GENDER	TYPE OF PARTICIPANT	EMAIL	SPECIAL NEEDS?
FIRST NAME	LAST NAME	01/01/2000	Male	Active adult education teache	email@email.com	No

**C.4. ACCOMPANYING PERSONS**

FIRST NAME	FAMILY NAME	DATE OF BIRTH	GENDER	EMAIL
FIRST NAME	LAST NAME	01/01/2000	Female	email@email.com

**C.5. PARTICIPANTS SUMMARY**

No. of Participants without special needs	1
No. of Participants With Special Needs	1
No. of Accompanying persons	1



## D. PROJECT DESCRIPTION

### D.1. SUMMARY

Please make a summary of the main developments in the project at this stage. Present briefly the mobility activities already completed, the activities currently in progress and the activities to be organised over next period. Also indicate if you encountered difficulties that changed the initial planning.

text

## E. MOBILITIES' INFORMATION

### E.1. PARTICIPANTS' MOBILITIES

Mobility No.	Participant	Economic Sector	Field of education	Level of education	Sending Country	Receiving Country
1	FIRST NAME LAST NAME	A - AGRICULTURE, FORESTRY	Accounting and taxation (34	ISCED 0 - Pre-primary ec	AT - AUSTRIA	BE - BELGIUM

Mobility No.	Participant	Sending Partner	Intermediary Partner	Receiving Partner	Sending Country	Receiving Country	Departure date (dd-mm-yyyy)	Return date (dd-mm-yyyy)	Duration (weeks)	Duration (days)
1	FIRST NAME LAST NAME	Sending Partner	Partner	Partner	AT - AUSTRIA	BE - BELGIUM	01/01/2013	01/02/2013	4	3

### E.2. ACCOMPANYING PERSONS' MOBILITIES

Mobility No.	Accompanying Person	Sending Partner	Intermediary Partner	Receiving Partner	Sending Country	Receiving Country	Departure date (dd-mm-yyyy)	Return Date (dd-mm-yyyy)	Duration (weeks)	Duration (days)
1	FIRST NAME LAST NAME	Partner	Partner	Partner	AT - AUSTRIA	BE - BELGIUM	01/01/2013	01/02/2014	4	3

### E.3. MOBILITIES SUMMARY

Sending country	Receiving country	No. Participants	No. Accompanying Persons	Total Duration (weeks)	Total Duration (days)
AT - AUSTRIA	BE - BELGIUM	1	1	4	3



**F. FUNDING**

**F.1. OTHER FUNDING SOURCES**

If applicable, please identify other funding sources for the project other than Leonardo da Vinci.

text

**F.2. MOBILITY ORGANISATION AND MANAGEMENT**

Total No. of Participants	1
Total	100.00

**F.3. PEDAGOGICAL, LINGUISTIC AND CULTURAL PREPARATION**

Participant	Total
FIRST NAME LAST NAME	100.00

Total No. of Participants	1
Pedagogical, linguistic and cultural preparation total	100.00

**F.4. MOBILITIES**

**F.4.1. PARTICIPANTS**



Mobility No.	Participant	Special Needs?	Sending Country	Destination country	Travel Cost	Subsistence			Travel + Subsistence
						Duration (weeks)	Duration (days)	Subsistence	
1	FIRST NAME LAST NAME	No	AT - AUSTRIA	BE - BELGIUM	100.00	4	3	100.00	200.00

**F.4.2. ACCOMPANYING PERSONS**

Mobility No.	Accompanying Person	Sending Country	Destination country	Travel Cost	Subsistence			Travel + Subsistence
					Duration (weeks)	Duration (days)	Total	
1	FIRST NAME LAST NAME	AT - AUSTRIA	BE - BELGIUM	100.00	4	3	100.00	200.00

**F.4.3. MOBILITIES SUMMARY**

Sending Country	Receiving Country	No. Participants without special needs	No. Participants with special needs	No. Accompanying Persons	Travel Cost	Subsistence			Travel + Subsistence
						Duration (weeks)	Duration (days)	Total	
AT - AUSTRIA	BE - BELGIUM	1	0	1	200.00	4	3	200.00	400.00



**F.5. SUMMARY**

			Total
Mobility Organisation and Management			100.00
Pedagogical, linguistic and cultural preparation			100.00
Mobility	Travel	Participants without special needs	100.00
		Participants With Special Needs	0.00
		Accompanying persons	100.00
	Subsistence	Participants without special needs	100.00
		Participants With Special Needs	0.00
		Accompanying persons	100.00
		Total	600.00
Other Funds	National funds		600.00
	Own contribution		0.00
	Other sources		0.00
			Total



#### **F.5.1. PAYMENT**

Please indicate here if you request the payment of supplementary pre-financing (advances).

Yes



## G. DATA PROTECTION NOTICE

### PROTECTION OF PERSONAL DATA

Processing this form may involve the recording and processing of personal data. Such data will be processed 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,
- 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 accompanying this form.

You are entitled to obtain access to your personal data on request and to rectify any such data that is inaccurate or incomplete. If you have any queries concerning the processing of your personal data, you may address them to your National Agency. You have the right of recourse at any time to your national supervising body for data protection or the European Data Protection Supervisor for matters relating to the processing of your personal data.

You are informed that for the purposes of safeguarding the financial interest of the Communities, your personal data may be transferred to internal audit services, to the European Court of Auditors, to the Financial Irregularities Panel and/or to the European Anti-Fraud Office (OLAF).

[http://ec.europa.eu/dgs/education\\_culture/calls/dpo\\_en.htm](http://ec.europa.eu/dgs/education_culture/calls/dpo_en.htm)

## H. BENEFICIARY DECLARATION AND SIGNATURE

I, the undersigned, hereby declare that the attached information is accurate and in accordance with the facts. In particular the financial data provided in this report correspond to the activities actually realised and to the grants actually paid for subsistence, travel and preparation of participants.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position within the contracting organisation: \_\_\_\_\_

Signature: \_\_\_\_\_



**I. SUBMISSION**

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

**I.1. DATA VALIDATION**

Validation of compulsory fields and rules

**I.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	2013-06-12 11:39:27 *	Form has not been submitted yet	97F69E2BE75A1C25	Unknown

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

**I.3. STANDARD SUBMISSION PROCEDURE**

Online submission (requires internet connection)

**I.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")