



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 within 60 days after the final end date of the action. Once this report and the supporting documents are submitted and approved, the National Agency will either pay the balance of the grant or recover any unspent funds.

## B. SUBMISSION

Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	LEONARDO DA VINCI
Action type	MOBILITY
Action	LEONARDO DA VINCI VETPRO (VET Professionals)
Call	2013
Report Type	FINAL (Final)

### 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-LE003-00001
Project title (national language)	Project title
National id (if applicable)	National id
Beneficiary name	Full legal name
Submission id	
Form hash code	 97F69E2B51F521A8



### 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?

No



## 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

Provide a brief summary of the main aims, content and planned outcomes of your project, including an assessment on the level of matching between the initial aims and the final outcomes.

Explain shortly also the learning outcomes of the participants and the validation and recognition of them.

text

### D.2. ESTIMATED RESULTS, OUTCOMES

Explain the results and outcomes for the different parties involved (participants, sending, hosting, intermediary organisations and experts).

#### D.2.1. PROJECT PARTNERS

Please describe the outcomes and benefits for the project partners in terms of the organisation's trans-national capacity, vocational training quality improvements, and other aspects.

In case you applied elements of ECVET include information on the Memorandum of Understanding or other relevant procedures.

text

#### D.2.2. INDIVIDUAL PARTICIPANTS

Please describe the learning outcomes for individual participants in terms of knowledge, skills and competences (related to professional skills but also key competences such as linguistic, behavioural, intercultural, problem solving, team work building, use of ICT, etc). Please use concrete examples and cases to highlight your answer.

text

#### D.2.3. PROFESSIONALS IN VET

Please describe (if applicable) the outcomes for professionals in VET in terms of knowledge, skills and competences (related to training systems knowledge enhancement, good practice transfer in training provision, professional skills but also key competences such as VET field linguistic knowledge acquisition, ICT know-how, etc.).

text

#### D.2.4. OTHER RESULTS



Please describe here any additional relevant information.

text

### D.3. IMPACTS

Please describe the wider impact of the project at the sectorial, regional, national and European level (where applicable).

#### D.3.1. SECTORIAL DEVELOPMENT

Promoting development and cooperation with VET-fields, economic sectors, cooperation between enterprises and training institutions, covering qualification needs in an economic sector.

text

#### D.3.2. REGIONAL DEVELOPMENT

Promoting regional development and cooperation.

text

#### D.3.3. OTHER ESTIMATED IMPACTS

Please describe here any additional relevant information on for example national or European impacts of your actions.

text



## E. PROJECT MAIN FOCUSES

### E.1. HORIZONTAL ISSUES

Please list the horizontal issues addressed by your project.



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)

Other

text



## F. PROJECT IMPLEMENTATION

### F.1. CRITERIA USED FOR SELECTION AND RECRUITMENT OF PARTICIPANTS

What was the criteria used for the selection and recruitment of participants? What is the background of the participants?

text

### F.2. SETTING UP OF THE PARTNERSHIP

How was the selection of the host organisations, establishment of partner's roles in the work programme and contracting done?

If the project applied elements of ECVET describe also the establishment of the Memorandum of Understanding and your approach to the definition of learning outcomes, learning agreements and assessment.

text

### F.3. MANAGEMENT OF PRACTICAL AND LOGISTIC ASPECTS

How did you organise the stay in terms of travel, accommodation and other aspects?

text

How did you do the checking and/or financing of insurance (health, liability, social security, other)?

text

How did you manage the support for administrative formalities (visa, work permit, others)?

text

### F.4. PREPARATION

How was the implementation of pedagogical, cultural and linguistic preparation (before, and/or during the placement) done?

text



#### F.5. PARTICIPANTS' INVOLVEMENT

How was the setting-up/negotiation of the Learning Agreement of the participants done?

text

#### F.6. MANAGEMENT

How was the mobility period implemented? Please describe placements done in enterprises, on the spot training organisation (by groups or individually), contents, duration, visited partner organisations, network set up, cultural programmes, etc.

text

How was the participants' monitoring and follow-up done?

text

How was the participants' mentoring done?

text

#### F.7. VALIDATION AND RECOGNITION

How was the validation and recognition of the learning outcomes assured? Did every participant receive a Europass Mobility, and if so what were the experiences and benefits?

If the project applied elements of ECVET explain also the process of assessment, validation, and recognition of learning outcomes. How was this documented and did the project apply an unified and agreed process? Please attach examples and models if applicable.

text

#### F.8. DISSEMINATION OF OUTCOMES AND GOOD PRACTICES

Please explain your strategy for communicating the outcomes and good practices.

text



#### F.9. SUSTAINABILITY MEASURES

Please explain the measures put in place to ensure a proper project sustainability and evaluation.

If you applied ECVET within your project, please elaborate on the effects this had on the sustainability of your project in all the partner organisations and how the long-term cooperation of the partnership has benefitted or not from applying ECVET approaches to mobility.

text



## G. MOBILITIES' INFORMATION

### G.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

#### G.1.1. USED LANGUAGES

Mobility No.	Participant	Language
1	FIRST NAME LAST NAME	BG - Bulgarian

#### G.1.2. MOBILITIES' CERTIFICATIONS/RECOGNITIONS

Mobility No.	Participant	Organisation (Sending, Hosting or Intermediary Partner)	Recognition / Certification Type
1	FIRST NAME LAST NAME	Partner	Certifications (CERT)

### G.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

### G.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





## H. PROJECT DISCREPANCIES SUMMARY

### H.1. PARTICIPANTS' REPORTS STATUS

Project Total Number of Participant Mobility Experiences	Out of which have a Submitted and Approved Participant Report
1	0

Please provide any suitable explanations regarding the fact that not all participant reports were submitted and approved at the moment of submission of this final report.

text

### H.2. PARTICIPANTS WITHOUT MOBILITIES

#### H.2.1. PARTICIPANTS

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

#### H.2.2. ACCOMPANYING PERSONS

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

Please provide any suitable explanations regarding the fact that these participants have no mobilities assigned to them.

text



### H.3. MOBILITY EXPERIENCES WITH A SHORTER THAN ALLOWED DURATION

#### H.3.1. PARTICIPANTS

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	Full legal name	Full legal name	Full legal name	AT - AUSTRIA	BE - BELGIUM	01/01/2013	01/02/2013	4	3

#### H.3.2. ACCOMPANYING PERSONS

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	Full legal name	Full legal name	Full legal name	AT - AUSTRIA	BE - BELGIUM	01/01/2013	01/02/2013	4	3

Please provide any suitable explanations regarding the fact that these mobilities have a shorter duration.

text

### H.4. MOBILITIES WITH ZERO BUDGET

#### H.4.1. PARTICIPANTS

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	Full legal name	Full legal name	Full legal name	AT - AUSTRIA	BE - BELGIUM	01/01/2013	01/02/2013	4	3

#### H.4.2. ACCOMPANYING PERSONS



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	Full legal name	Full legal name	Full legal name	AT - AUSTRIA	BE - BELGIUM	01/01/2013	01/02/2013	4	3

Please provide any suitable explanations regarding the fact that these mobilities have a zero budget.

text



## I. LESSONS LEARNED

### I.1. PROBLEM HANDLING

Please describe any problem you encountered during the project, including also the solution applied.

text

### I.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 Leonardo Mobility Projects (such as recommendation for future measures, administrative/certification procedures, monitoring activities by the National Agency, implementation of certificate for mobility, level of funding, etc.).

text



## J. FUNDING

### J.1. OTHER FUNDING SOURCES

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

text

### J.2. MOBILITY ORGANISATION AND MANAGEMENT

Total No. of Participants	1
Total	100.00

### J.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

### J.4. MOBILITIES

#### J.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

#### J.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

#### J.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



J.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		600.00



## K. 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)

## L. 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: \_\_\_\_\_





## M. SUBMISSION

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

### M.1. DATA VALIDATION

Validation of compulsory fields and rules

### M.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 11:38:03 *	Form has not been submitted yet	97F69E2B51F521A8	Unknown

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

### M.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

### M.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")