

**Part of the 2009 application
provided by the UK National Agency**

www.grundtvig.org.uk/

Application Data

2.1 Home organisation (to be completed by all applicants who are in employment)

Full Legal Name of Organisation			
Type of Organisation [See Table B "Type of organisation"]			Identification Code [See Table G "Identification Code"]
Legal Status	<input type="checkbox"/> Private	<input type="checkbox"/> Public	Number of staff [See Table D "Organisation size"]
Commercial Orientation	<input type="checkbox"/> Profit	<input type="checkbox"/> Non profit	Number of learners - if applicable
Address Street – Number			
Postcode			City
Region [See Table H "Regions"]			
Country			Scope of the organisation [See Table C "Geographical Scope"]
Telephone 1			Telephone 2
E-mail			Fax
Website			

2.2 Applicant person

Title		Gender (m/f)		Date of birth		Age	
First name							
Family name							
Nationality	<i>Please tick one box only</i> <input type="checkbox"/> I have the nationality of one of the countries participating in the LLP, namely: <input type="checkbox"/> I am a permanent resident of one of the countries participating in the LLP or am registered as stateless or holding refugee status in one of these countries, namely:						
Department -if applicable-							
Position							
Address (private address)							
Postcode				City			
Region [See Table H "Regions"]				Country			
Telephone 1				Fax			
Mobile				Ethnicity	[See Table I "Ethnicity Codes"]		
Email							
Age of learners you work with (Eligible Grundtvig learners are aged over 25, or if under that age no longer undergoing initial education within formal school / higher education)							

2.3 Special needs of the applicant person

If you have special needs, please give details of any additional arrangements that are necessary to enable you to take part in the training activity. Please note that in justified cases the grant amount can be increased.

YES, I have special needs.

If "Yes", please give details in the box below:

2.4 Previous grants

Please indicate if your organisation has received any financial support under the Lifelong Learning programme over the past two years

- No
- Yes

If you have answered "yes", please fill in the table below.

Programme	Type of activity	Date of grant award	Reference no. of the grant

(Add rows if necessary)

2.5 Thematic area of training requested

Please indicate which type of training you are applying for (one box only)

In-service training course

Language training (*Note: this refers only to training oriented towards language-learning as such. If the training refers to the methodology of language teaching, the box "In-service training course" should be ticked*)

2.6 Category of educational staff you belong to

2.6.1. Please indicate to which of the following categories of staff you belong (please tick one box only):

<input type="checkbox"/>	TCH-TCH	Teacher/trainer in adult education in the broadest sense (formal, non-formal , informal)
<input type="checkbox"/>	TCH-STAFF	Head of an organisation directly or indirectly involved in adult learning
<input type="checkbox"/>	TCH-ADMIN	Administrative or other non-teaching staff in adult education
<input type="checkbox"/>	TCH-TRV	Staff involved in intercultural education or working with occupational travellers, migrants, gypsies and travellers, ethnic communities, refugees and asylum-seekers
<input type="checkbox"/>	TCH-SpNeed	Staff working with adult learners with special learning needs
<input type="checkbox"/>	TCH-FAC	Staff such as mediator/street educator working with adults at risk of social marginalisation
<input type="checkbox"/>	TCH-CNS	Counsellor or career advisor
<input type="checkbox"/>	TCH-MNGR	Education manager (Staff working in local or regional authority dealing with adult education)
<input type="checkbox"/>	TCH-INSP	Inspectorate for adult education
<input type="checkbox"/>	TCH-TRNer	An in-service trainer of adult education teachers or other adult education staff
<input type="checkbox"/>	TCH-ReEnt	Former teacher or other education staff member re-entering adult education
<input type="checkbox"/>	TCH-QUAL	Person who has a qualification leading to a career in adult education and intends to start or re-start a career in adult education (<i>in this case, please provide details of the qualification in an accompanying document and indicate when your future work in adult education is likely to start</i>)
<input type="checkbox"/>	TCH-ReCyc	Person who is re-cycling into adult education from another labour situation (work, retirement, absence from professional life due to family responsibilities etc.) (<i>in this case, please provide details in an accompanying document and indicate when your future work in adult education is likely to start</i>)
<input type="checkbox"/>	TCH-OTH	Other (please specify):

2.6.2. Only if you are applying for **foreign language training (i.e. pure language training and not training related to the methodology of language-teaching)**, please indicate to which of the following categories you belong:

<input type="checkbox"/>	A teacher teaching other subjects through the medium of a foreign language (CLIL)
<input type="checkbox"/>	Teacher retraining as a foreign language teacher
<input type="checkbox"/>	A member of staff participating in a Grundtvig Partnership and requesting training in a Partnership language
<input type="checkbox"/>	A teacher requesting training in a less widely used and less taught language for teaching purposes

2.7 Subject Area

2.7.1. If you are a **teacher**, please indicate which subject/s you teach:

Subject taught [see Table E "Educational fields"]	
1	
2	
3	

2.7.2. If the subject you have indicated in section 2.7.1 is a language, please specify:

Language taught [see Table A "Languages"]	
1	
2	
3	

2.7.3. If the subject you have indicated in section 2.7.1 is taught through a foreign language, please specify which language:

Teaching language [see Table A "Languages"]	
1	
2	
3	

2.8 Language in which the training activity will be delivered

Language in which the training activity will be delivered [see Table A "Languages"]	
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2.9 Applicant's signature

I, the undersigned, certify that to the best of my knowledge the information contained in this application form is correct and that I comply with the eligible criteria for this action. I request a grant from the Lifelong Learning Programme for the activities set out in this application.

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 returned. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at any time. (http://www.edps.europa.eu/00_home.htm).

Place:

Date (dd-mm-yyyy):

Name:

Signature:

Endorsement by the legal representative of the home organisation (*obligatory for all applicants who are in employment*)

I, the undersigned, certify that the applicant person is a staff member of the organisation and I endorse this application.

Place:

Date (dd-mm-yyyy):

Name and position:

Signature:

Stamp (if applicable)

Training Activity Details

3.1 Training activity

Course title	
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Is the training activity contained in the Grundtvig-Comenius "In-service training database"? http://ec.europa.eu/education/trainingdatabase/	<input type="checkbox"/> Yes <input type="checkbox"/> No *
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* If the training course is not in the Grundtvig-Comenius "In-service training database", you must include a copy of supporting documents on the activity, e.g. brochure, course programme, etc.

If yes, please indicate:

Reference number of the training in the Grundtvig-Comenius "In-service training database"	
Session number of the training in the Grundtvig-Comenius "In-service training database"	

If the training course is not in the Grundtvig-Comenius "In-service training database", please provide information on the institution organising the training course:

Full legal name	In national language and characters		
	In Latin characters (if the original is not in Latin characters)		
Type of organisation [see Table B "Type of organisation"]			
Legal Address Street – Number			
Postcode		City	
Country		Region [See Table H "Regions"]	
E-mail			
Website			

3.2 Themes of the training activity

	[see Table F "Topics"]
1	
2	
3	

3.3 Dates and place of training activity

Country				
Town				
Dates (dd/mm/yyyy)	Start:		End:	

Please make sure that you answer all the questions below. Use more space if necessary.

3.4 Preparation for the training

Preparation forms an integral part of the training activity content.

3.4.1 How will you prepare for your participation in the training activity?

3.4.2 Please give details of your fluency in the working language(s) of the training, indicating for example: qualifications obtained, language courses followed, time spent in the foreign country.

3.4.3 Please indicate any language preparation courses or other preparatory activities to be undertaken.

3.5 Aims of the applicant

Please explain your reasons for applying for the training activity:

3.5.1 Please explain the expected impact of the proposed training on your personal and professional competences, including language and intercultural benefits.

3.5.2 Please explain how you expect the training to contribute to improving the way you perform your current job (please also briefly describe your current job).

3.5.3 Please explain how the training course you have selected matches your training needs.

3.6 European added value

3.6.1 Please show that the selected training activity abroad will have a greater potential value than similar training in your country.

3.6.2 Please indicate whether and how your participation in the training activity will contribute to giving a European dimension to your organisation.

- 3.6.3 If you intend to use any of the Europass tools please give details. If you need more information on Europass, please consult the following web site:
<http://www.uknec.org.uk>

3.7 Impact on applicant's organisation, Dissemination

- 3.7.1 Please explain the expected impact of your participation in the training activity on: a) your home organisation; b) your learners (if applicable).

- 3.7.2 Please provide a dissemination plan, indicating how and to whom will you provide feedback on the training activities, the outcomes of the training and the new knowledge/skills you have acquired?

Budget

Please note that no changes to the budget request will be accepted and that no transfers can be made later between different budget items.

Before filling in this table, please consult Annex 2 "Grant rules"

BUDGET TABLE

Item	Details	Requested funding based on estimated costs (in €)
<u>Travel</u> (including visa)	From (place): To (place): Type of transport: <div style="text-align: right;"> Travel: Visa (if applicable): </div> TOTAL REQUESTED TRAVEL GRANT	EUR EUR EUR
<u>Subsistence</u>	Date of departure: Date of return: Total duration of mobility activity (days): <div style="text-align: right;">Grant requested:</div>	EUR
<u>Course Participation Fee</u>	<div style="text-align: right;">Grant requested:</div>	EUR
<u>Language preparation</u> (if applicable and already mentioned in point 3.4)	<div style="text-align: right;">Grant requested:</div>	EUR
<u>Special needs</u> (if applicable and already mentioned in 2.3)	Real estimated costs: EUR <div style="text-align: right;">Grant requested:</div>	EUR
<u>Total EU funding requested</u>		EUR

N.B If individuals reside in one of the Overseas Territories or have one of these territories as destination, real incurred travel costs shall be reimbursed in total, independent of the duration of the mobility activity.