



**LIFELONG LEARNING PROGRAMME
GRUNDTVIG
Progress report form 2012 for
Learning Partnerships
(grant agreement period 1.8.2012 – 31.7.2014)**

Please send this report to your National Agency, duly completed and signed by **30 June 2013** as requested in Article 7 (Monitoring, Evaluation and Control) of your Grant Agreement. The report will be used by your National Agency for monitoring purposes.

GENERAL INFORMATION

Grant agreement number	
Title of the Partnership	
Acronym (if applicable)	
Working language of the partnership	
Name of your institution / organisation	
Role of your institution / organisation	<input type="checkbox"/> The coordinator <input type="checkbox"/> A partner
Other participating institutions / organisations (name and country)	



Education and Culture DG

Lifelong Learning Programme

GRUNDTVIG
PARTNERSHIPS

INSTITUTION/ORGANISATION DATA

Full Legal Name	[In national language and characters]		
	[In Latin characters - where originals are not in Latin characters]		
Type of Organisation			
Legal Status	<input type="checkbox"/> Private	<input type="checkbox"/> Public	Size
Commercial Orientation	<input type="checkbox"/> Profit	<input type="checkbox"/> Non profit	
Address	Street - Number		
Postcode		City	Region
Country		Scope	
Organisation's national ID (if applicable)			
Organisation's website (if applicable)		Organisation's e-mail (if applicable)	

CONTACT PERSON

(FROM LLPLINK)

Title		First name	
Family name			
Department			
Position			
Work Address	Street - Number (if different from above)		
Postcode		City	
Country			
Telephone 1		Telephone 2	
Mobile		Fax	
E-mail address			

PARTNERSHIP CONTENT

1. Please describe briefly the Partnership activities undertaken and the results achieved so far:

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2. What problems/obstacles have you met in the implementation of the Partnership, if any? How have these problems been they solved?

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3. Mobility activities initially planned

Minimum number of mobilities planned
(please tick as appropriate)

- 4
 8
 12
 24
 Reduced number of mobilities ____

4. Mobilities carried out between 1.8.2010 and [NA to insert date] (add rows if necessary)

Mobility description	Nr of participating staff ¹	Number of participating learners
Total number of mobilities:		

5. Number of mobilities to be carried out by 31.7.2013:

Staff:

Learners:

¹ Including any persons accompanying participants with special needs

6. Grantholder's declaration 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:

<p>"We, the undersigned, certify that the information contained in this Progress Report is correct to the best of our knowledge."</p>	
<p>Date:</p> <p>Place:</p> <p>Name and position of the contact person:</p> <p>Signature of the contact person:</p>	<p>Date:</p> <p>Place:</p> <p>Name and position of the Head of institution/organisation:</p> <p>Signature of the Head of institution/organisation:</p> <p>Stamp of the institution/organisation (if applicable)</p>
