



**LIFELONG LEARNING PROGRAMME  
COMENIUS/LEONARDO DA VINCI/GRUNDTVIG  
Progress report form 2013 for  
Partnerships  
(grant agreement period 1.8.2013 – 31.7.2015)**

Please send this report to your National Agency, duly completed and signed by **30 June 2014** 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**

**(FROM LLPLINK)**

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



## INSTITUTION/ORGANISATION DATA

### (FROM LLPLINK)

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

## CONTACT PERSON

### (FROM LLPLINK)

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



**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 1.8.2013 and 30 June 2014 (add rows if necessary)**

Mobility description	Nr of participating staff <sup>1</sup>	Number of participating pupils/trainees/learners
<b>Total number of mobilities:</b>		

<b>5. Number of mobilities to be carried out by 31.7.2015</b>	Staff:	Pupils/Trainees /Learners:
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<sup>1</sup> 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>

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