



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2011

Assistantship

Form version: 2.5 / Adobe Reader version: 9.401

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

A. GENERAL INFORMATION

A.1. NOTE FOR COMENIUS ASSISTANTS

Please complete and submit this form electronically then print and send a signed copy to your National Agency.

A.2. NOTE FOR HOST SCHOOLS

Please send this report, duly completed and signed, to your National Agency within one month after the end of the assistantship.

B. SUBMISSION

B.1. CONTEXT

If you are an individual applicant who undertook a Comenius Assistantship, please choose option: "Comenius Assistants" in the Action field.

If you are a school which hosted an assistant under Comenius, please choose option: "Host Schools for Comenius Assistants" in the Action field.

Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	COMENIUS
Action type	Assistantships
Action	COMENIUS Assistantships (ASSISTANTS)
Call	2011

B.2. DATES

From (dd-mm-yyyy)	
To (dd-mm-yyyy)	

B.3. PROJECT IDENTIFIERS

Grant agreement no.	2011-1-GR1-COM04-00139
Name of beneficiary	new person new person
Submission id	
Form hash code	 271FF7A2D2D4E7EC

Form hash code 271FF7A2D2D4E7EC

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B.4. NATIONAL AGENCY

Identification

GR1 LLP (IKY)

Postal address

Makri 1 & Dionysiou Areopagitou, 11742, Athens Greece

Email address

llpeforms@iky.gr

Helpdesk

llpeforms@iky.gr

Website

www.iky.gr

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C. IDENTIFICATION OF THE BENEFICIARY

C.1. ASSISTANT

Title	
Gender	
First name	new person
Family name	new person
Telephone 1	
Telephone 2	
Mobile	
Fax	
Email	nomail@nomail.com

PERMANENT ADDRESS

Address	
Postal code	
City	
Country	AT - AUSTRIA
Region	

TERM-TIME ADDRESS

Address	
Postal code	
City	
Country	BE - BELGIUM

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EMERGENCY ADDRESS

Address	
Postal code	
City	
Country	BE - BELGIUM

C.2. HOST SCHOOL

Full legal name (national language)	Specimen - Do not use
Full legal name (latin characters)	Specimen - Do not use
Acronym	Abbr Leg Name
National id (if requested by the NA)	Nat Id
Commercial orientation	Not for Profit (NP)
Scope	european (E)
Legal status	public (PB)
Size (staff)	
Legal address	Legal address
Postal code	postal code
City	City
Country	EL - GREECE
Region	
Telephone 1	Phone 1
Telephone 2	Phone 2
Fax	Fax
Email	Email
Website	Website

If you worked in more than one host institution, please indicate the names and types of the other institutions.

+	-
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D. PROJECT DESCRIPTION

D.1. CERTIFICATION

Was/will the assistantship be recognised in your studies/training?

D.2. ASSISTANTSHIP IMPACT

Please describe what you learned in terms of:

Educational system of the host country

Culture and language of the host country

Language competencies

Pedagogical methods and teaching/learning practices

Subject(s) you teach

Please describe what the pupils/learners and the host school learned from you in terms of:

Your mother tongue

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[Empty orange text box]

The culture of your home country

[Empty orange text box]

Your subject(s) (if different from your mother tongue)

[Empty yellow text box]

Did you have contact with the local community (apart from the school)?

[Empty orange text box]

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E. PROJECT IMPLEMENTATION

E.1. PREPARATION FOR THE ASSISTANTSHIP

How did you prepare for the assistantship?

(Please specify the concrete activities undertaken before the assistantship started, such as: looking for information about the Comenius Assistantships/Lifelong Learning Programme, about the host country, preparation of documents/material about your own country, revision of methods and teaching techniques, contact with the future host institution, participation to the induction meeting organised by your or host country NA, host country language preparation, etc).

Did you attend CLIL/EILC/Language preparation courses?

Reception

What concrete measures were undertaken upon your arrival?

(Please mention how you were introduced to the teachers and pupils in the school, to the parents and members of the local community, whether the school helped you to find suitable accommodation and meals, etc).

E.2. WORKPLAN AND TASKS

What tasks (curricular and extra-curricular) did you undertake?

Were the tasks planned on the basis of the objectives and activities proposed in your own and your host institution's application forms and/or in the agreement between yourself and your host institution?

Were you involved in a European project during your assistantship?

E.3. MANAGEMENT

Did you monitor and evaluate the progress of the assistantship with your mentor?



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How was the monitoring done?

[Empty orange text box for monitoring details]

Did the monitoring lead to changes in the tasks and activities? Please explain.

[Empty orange text box for monitoring changes]

If you worked in more than one host institution, please explain how your work was coordinated and organised.

[Empty yellow text box for coordination details]

E.4. EVALUATION

Did the duration of your stay at the host school correspond to the duration requested in the application?

[Empty orange text box for duration response]

Please explain your choice

[Empty orange text box for duration explanation]

To what extent did the assistantship fulfil your objectives as set out in the application?

[Empty orange text box for objectives fulfillment]

Please explain your choice

[Empty orange text box for objectives explanation]

To what extent was the assistantship relevant for your future career?

[Empty orange text box for career relevance]

Please explain your choice

[Empty orange text box for career explanation]

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[Empty orange box]

E.5. DISSEMINATION OF INFORMATION GAINED FROM EXPERIENCE

How did/will you inform others about your assistantship period?

[Empty orange box]

F. PARTICIPANTS AND ACTIVITY TABLES

F.1. PARTICIPANTS

Please enter the number of pupils taught.

Total number of pupils taught

[Empty orange box]

Did you work with pupils/learners who needed special learning support?

[Empty orange box]

F.2. SUMMARY OF ACTIVITIES

Please input the activity type (e.g.curricular, extra-curricular, European project, language club, etc.) or select the subject taught from the drop down, specify in which language the activity or the subject were delivered and the number of hours per week you spent on them.

Add lines in order to input all activities and subjects in which you were involved during the assistantship.

Activity type	Subject taught	Teaching language	Number of hours per week
[Empty]	[Empty]	[Empty]	[Empty]
Number of hours per week in total			0

G. LESSONS LEARNED

G.1. IMPROVEMENTS

Please provide any further comments and suggestions for the improvement of the COMENIUS Assistantships and/or information you would like to pass on to future assistants and/or hosts schools.

[Empty yellow box]



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G.2. PROBLEM HANDLING

Please describe any difficulty encountered before, during and after the assistantship (if applicable).

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If other please specify:

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**H. DECLARATION OF EXPENDITURE**

Please provide, in addition to the information requested in the below tables, the supporting documents as described on your National Agency website.

On the basis of the information provided in the below tables and the supporting documents, the NA will calculate your final grant.

Have you travelled from/to Overseas countries and Territories or the ultra-peripheral regions of the EU?

H.1. TABLE 1 - FLAT RATES AND LUMPSUMS

Cost item	Description of the activity	Participation in the activity
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H.2. TABLE 2 - REAL COST EXPENDITURE

Special needs	Please follow NA instructions on complementary information on special needs required.	
	Total real cost expenditure incurred in Euros	0.00

I. DATA PROTECTION NOTICE**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 submitted. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at anytime.

<http://www.edps.europa.eu/>

J. SUBMISSION

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

J.1. DATA VALIDATION

Validation of compulsory fields and rules

J.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	2011-04-08 15:59:30 *	Form has not been submitted yet	271FF7A2D2D4E7EC	Unknown

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

J.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)



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J.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")

K. SIGNATURE

I, the undersigned, certify that the information contained in this Report Form is correct to the best of my knowledge. I herewith request the balance payment of the grant awarded.

Place: _____

Date: _____

Name (in capital letters): _____

National ID number of the signing person (if requested by the NA): _____

Signature of the beneficiary: _____

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