



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2011

In-Service Training

Form version: 2.3 / 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

Please send this report duly completed and signed to your National Agency within 30 calendar days after the end of the activity. Once this report and the supporting documents (e.g. a certificate of attendance or, in the case of job shadowing, a signed letter from the host organisation) are submitted and approved, the National Agency will either pay the balance of the grant or recover any unspent funds.

For the complete list of supporting documents which need to be attached to the Final Report, please consult your National Agency.

### B. SUBMISSION

#### B.1. CONTEXT

Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	COMENIUS
Action type	In Service Training
Action	COMENIUS In-Service Training for Teachers and other Educational Staff (IST)
Call	2011
Training type	Job shadowing or work placement (PRACT01)
Is the event included in the "Comenius / Grundtvig Training Database"?	No

#### B.2. DATES

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

#### B.3. PROJECT IDENTIFIERS

Grant agreement no.	2011-1-GR1-COM02-00120
Applicant name	new person new person
Form hash code	 543363B197002A64

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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. BENEFICIARY

Title	
Gender	
First name	new person
Family name	new person
National id	
Year of birth	
Position	
Private address	
Postal code	
City	
Country	AT - AUSTRIA
Region	
Telephone 1	
Telephone 2	
Mobile	
Fax	
Email	nomail@nomail.com

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## C.2. HOME INSTITUTION

Full legal name (national language)	
Full legal name (latin characters)	n/a
Acronym	
National id (if applicable)	
Type of organisation	
Commercial orientation	
Scope	
Legal status	
Size (staff)	
Size (pupils/learners/trainees)	
Legal address	
Postal code	
City	
Country	BE - BELGIUM
Region	
Telephone 1	
Telephone 2	
Fax	
Email	
Website	

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## D. HOST INSTITUTION AND THE PERSON SHADOWED

### D.1. HOST INSTITUTION

Full legal name (national language)	
Full legal name (latin characters)	n/a
Acronym	
Type of organisation	
Legal address	
Postal code	
City	
Country	BE - BELGIUM
Fax	
Email	
Website	

### D.2. PERSON SHADOWED

Title	
First name	
Family name	
Department	
Position	
Email	

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## E. DESCRIPTION OF THE TRAINING ACTIVITY

### E.1. SOURCE OF INFORMATION

How did you find out about this training activity?

### E.2. CERTIFICATION

Specify the type of certification received at the end of the training (if applicable, please add a copy to this report).

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## F. TRAINING ACTIVITY IMPLEMENTATION

### F.1. PREPARATORY ACTIVITIES

Describe the preparatory activities which you undertook before your departure to the training location (e.g. suggested reading material, support documents, questionnaires, etc). Specify which of these activities resulted from your organisation's specific needs / the course provider's requirements / host institution's needs (in case of jobshadowing) / your own initiative.

If you were awarded a grant for linguistic preparation, please describe in a maximum of 20 lines the type of linguistic preparation activities you carried out. Your satisfactory answer as well as presence of any relevant supporting documents required by your National Agency is the basis for justifying the awarded grant.

### F.2. CONTENT OF THE TRAINING ACTIVITY/IES

Describe the content and the form of the training activities you have followed indicating the type of teaching method(s) used (for instance class courses, working groups, plenary sessions, practical workshops / seminars, job shadowing, use of ICT, video presentations, school visits, cultural outings, excursions, etc.).

In the case of job shadowing/observation period, please include a detailed description of the activities and tasks you undertook. If you shadowed/observed more than one person or carried out activities in more than one institution, please explain how your visits and tasks were organised.

If the initial work plan was modified, please explain the changes.

### F.3. FOLLOW-UP ACTIVITIES

Describe the type of follow-up activities which took and or will take place after your return from the training location. Specify which of these activities resulted from your organisation's specific needs / the course provider's requirements / host institution's / your own initiative (e.g. distance learning activities, e-mail contact with trainers, self-evaluation of lessons taught after the training event, networking with other participants, etc.)

### F.4. DISSEMINATION

How do you intend to share the experience gained from the training activity with others? Tick as appropriate.



Describe in detail the dissemination/communication activities (at least one concrete event) which you have already carried out and/or which you are planning to carry out. You may attach any communication materials you are going to use, for example: an article for a professional newsletter, local press, presentation, etc.

[Empty text box for describing dissemination/communication activities]

**F.5. IMPACT**

In which areas do you consider the training activity has had an impact on your professional development/your pupils/learners/colleagues/home institution?

**F.5.1. Personal and Professional Development**

What impact has your participation in the activity had on your personal and professional development in the following area?

AREA	RATING
Encouraged me to adopt a more reflective approach to the way I teach/carry out my duties on the teaching/working (Dev-Ref)	[Empty rating box]
Encouraged me to read more about latest research in teaching/in my subject (Dev-Read)	[Empty rating box]
Increased my awareness of new methods of assessing/giving credit for skills or competences acquired in school/informal learning context (Dev-Meth)	[Empty rating box]
Gave me a wider range of teaching approaches/methods/techniques/materials to choose from (Dev-App)	[Empty rating box]
Improved my knowledge of the subject taught/of my professional area (Dev-Know)	[Empty rating box]
Enhanced my organisational/management/leadership skills (classroom management, counselling,...) (Dev-Org)	[Empty rating box]
Improved my foreign language competencies (Dev-Lang)	[Empty rating box]
Encouraged me to use more ICT (Information and Communication Technology) in the classroom (Dev-ICT)	[Empty rating box]
Refreshed my attitude towards teaching/the subject taught (Dev-Att)	[Empty rating box]
Upgraded my knowledge of other countries/cultures/education systems (Dev-Fore)	[Empty rating box]
Increased my awareness of new (European) funding mechanisms for school/adult education projects/organisations (Dev-Fund)	[Empty rating box]
Encouraged me to participate in other Comenius/Grundtvig/LLP activities (Dev-LLP)	[Empty rating box]
Motivated me to carry on developing my professional skills in the future (Dev-Skil)	[Empty rating box]
Enhanced my career prospects (Dev-Car)	[Empty rating box]
Other (Dev-Oth)	[Empty rating box]

**F.5.2. Pupils/Learners/Colleagues**



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What impact has your participation in the activity had on pupils/learners and colleagues in the following areas?

AREA	RATING
Helped me better motivate pupils/learners in the subject I teach (Learn-Subj)	<input type="text"/>
Helped me increase interest of my pupils/learners/colleagues in European topics (Learn-Int)	<input type="text"/>
Encouraged my colleagues to participate in similar individual mobilities (Learn-Mob)	<input type="text"/>
Encouraged my colleagues to participate in the European Educational Programmes (Learn-EEC)	<input type="text"/>
Other (Learn-Oth)	<input type="text"/>

### F.5.3. Home Institution

What impact has your participation in the activity had on your home organisation and local environment in the following areas?

AREA	RATING
Led or will lead to the use of new teaching methods/approaches in my school/organisation (Home-Meth)	<input type="text"/>
Led or will lead to the introduction of new teaching subject(s) in my school/organisation (Home-Subj)	<input type="text"/>
Led or will lead to the introduction of changes in the organisation of my institution at management level (Home-Change)	<input type="text"/>
Helped to increase European dimension in the work of my school/organisation (Home-EuDim)	<input type="text"/>
Helped me open my organisation to new groups of adult learners (for Grundtvig grantholders only) (Home-Grund)	<input type="text"/>
Led or will lead to establishing partnerships/co-operation with schools/organisations represented at the training event. (Home-coop)	<input type="text"/>
Other (Home-Oth)	<input type="text"/>

In your opinion, did your participation in the activity have any impact on the local/regional level.

No

### F.6. EVALUATION OF THE TRAINING ACTIVITY

The rating of the activity and the comments provided in this section will be used for the anonymous course evaluation which may be published.

ASPECT	RATING
The match between the work plan as set out in the application and the actual activities and tasks (WrkPlan)	<input type="text"/>
The pedagogical support provided by the host institution (HostSupp)	<input type="text"/>
The organisational arrangements as provided by the host institution (HostArr)	<input type="text"/>

Form hash code 543363B197002A64

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Overall fulfillment of your objectives as set out in the application (OverObj)

Please explain your choices.

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### G. PARTICIPANTS

Please enter the countries represented by the participants involved in the training activity.

COUNTRY	NO. OF PARTICIPANTS

### H. LESSONS LEARNED

#### H.1. PROBLEM HANDLING

If applicable, please describe the main difficulties that you encountered before/during/after the training activity.

#### H.2. COMMENTS AND SUGGESTIONS

Please provide any further comments you might wish to make to the National Agency or the European Commission on the improvement of Comenius/Grundtvig In-Service Training.

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## I. DECLARATION OF EXPENDITURE

Please provide any additional information regarding the incurred expenses which may influence the final grant amount.

### I.1. BUDGET CALCULATION

Please provide in addition to the information requested in the table below, the supporting documents listed on your National Agency website.

On the basis of the information provided in the table below and the supporting documents, the National Agency will calculate the final grant amount.

If the individuals reside in one of the overseas countries and territories listed in the Decision 2001/822/EC of the Council 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.

Item	Details / Amount
<b>Travel (including visa)</b>	
From (country)	
To (country)	
Type of transport	
Travel cost	
Visa (if applicable)	
Total travel cost	0.00
<b>Subsistence</b>	
Date of departure	
Date of return	
Total duration of the mobility activity (days)	
Subsistence calculation	Calculate
Total subsistence	
<b>Other costs</b>	
Participation fee (for a course, conference or a seminar)	
Lumpsum for language preparation	
I have undertaken language preparation.	
Maximum possible grant amount	1100.00
<b>Special needs</b>	
Please follow the NA instructions on the required complementary information on special needs.	

### I.2. TOTAL EU FUNDING

Total expenditure incurred	1100.00
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## J. 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/>

## K. SUBMISSION

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

### K.1. DATA VALIDATION

Validation of compulsory fields and rules

### K.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 15:52:01 *	Form has not been submitted yet	543363B197002A64	Unknown

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

### K.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

### K.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")

## L. SIGNATURE

### BENEFICIARY SIGNATURE

I, the undersigned, certify that the information contained in this Final Report is correct to the best of my knowledge.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Form hash code 543363B197002A64

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Endorsement by the legal representative of the home institution (obligatory for all beneficiaries whose grant agreements were signed by the legal representative of the home institution)

I, the undersigned, certify that the information contained in this Report Form is correct to the best of my knowledge.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp (if applicable): \_\_\_\_\_

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