



Comenius Individual Pupil Mobility Project

APPLICATION FORM for sending schools

Basic data:

Name of applicant school:	
Country :	

Reserved for the Coordinating Organisation

<i>Application deadline</i>	<i>Registration number</i>

GENERAL INFORMATION

- Before completing this form, please read the *Guidelines for Applicants* and the *Call for Applications*, which contain additional information on closing dates and the addresses of the coordinating organisations to which the application must be sent.
- The form may be typewritten, printed from a computer (word-processor) or hand-written in block capitals.
- The forms contains the following annexes:
 - Annex 1: pupil form
 - Annex 2: host family information form
 - Annex 3: monthly allowance per host country

ELIGIBILITY CHECK LIST

- Your school has received a grant for Comenius School Partnership (School Project, School Development Project or Language Project) in 2004, 2005 and/or 2006.
- Your school and the hosting school(s) are located in one of these countries: Austria, Belgium (both French and Flemish speaking parts), Denmark, Estonia, Finland, France, Germany, Hungary, Italy, and Portugal.
- Your school and the hosting school(s) are (or have been) members of the same Comenius Partnership.
- The application must be submitted according to the application procedures and closing dates set out in the *Guidelines for Applicants*.
- The application form must be completed in full using the English language.
- The application form must bear an original signature of the legal representatives of the sending and hosting institution.
- Annex 1 must be signed by each applicant pupil and by his/her parent or legal guardian
- Applicant pupils must be aged between 14 and 18 years old, and be nationals or permanent residents of one of the 10 eligible countries

RETURN ADDRESS

For 3 Months programs:

*AFS Interkulturelle Begegnungen e.V.
Regionalbüro Mitte/West
Sandra Köllner
Bahnhofstr. 59
65185 Wiesbaden*

For 6 months programs:

*Deutsches YOUTH FOR UNDERSTANDING Komitee e.V.
Holger Dudzus
Averhoffstraße 10
22085 Hamburg*

DEADLINE

This application (together with Annex 1) has to be sent to the above mentioned address before:

23 March 2007

A INFORMATION ABOUT THE SENDING SCHOOL

Name and address of the institution (If the application is successful, all correspondence and the grant contract will be sent to this address)

Full legal name of institution in the national language:			
Street name and number:			
Post code and town/city:			
Country:			
Telephone and fax number (include area and country code):	Telephone:		Fax:
E-mail:			
Website:			

Type of institution

Type of institution:	<input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely:		
Number of pupils:	Total :	Female:	Male:

Head of institution (The person who legally binds his/her institution and will sign the contract if the application is successful)

Family and first name:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>	
Official title:		
E-mail address		

Name of contact person (this person will be informed of the administrative result of the application)

Family and first name:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>	
Present Position:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		

Name of mentor for the pupil (this person will be the liaison person between the sending and hosting school and between the sending school and the coordinating organisation)

Family and first name:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>	
Present Position:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		

Subjects that are taught at your institution

Arts and crafts	<input type="checkbox"/>	Chemistry	<input type="checkbox"/>
Music	<input type="checkbox"/>	Biology	<input type="checkbox"/>
History	<input type="checkbox"/>	Geography	<input type="checkbox"/>
Religion / ethics	<input type="checkbox"/>	Environmental education	<input type="checkbox"/>
Civics	<input type="checkbox"/>	Health education	<input type="checkbox"/>
Mother tongue	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Foreign languages	<input type="checkbox"/>	ICT	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	Economics and business	<input type="checkbox"/>
Physics	<input type="checkbox"/>	Vocational subjects	<input type="checkbox"/>
Other <input type="checkbox"/>	Please specify		
First language of the school (mother tongue)			
Foreign languages taught in the school			

Explanation of grading system (e.g. marks 1-10, 1-20, A/B/C/D etc)

Outstanding =		Fair/average =	
Very Good =		Poor =	
Good =		Failing =	

B. INFORMATION ABOUT THE COMENIUS PARTNERSHIP

Project type:	School Project <input type="checkbox"/>		
	Language Project <input type="checkbox"/>		
	School Development Project <input type="checkbox"/>		
Comenius funding received in:	2004 <input type="checkbox"/>	Last contact reference nr.	
	2005 <input type="checkbox"/>		
	2006 <input type="checkbox"/>		
Project Title			
Short summary of the project			
Will the period spent by pupils in the host school be linked to the content of the Partnership?(e.g. will the pupil carry out an activity linked to the Partnership theme?)			
Partner schools located in the following countries: <ul style="list-style-type: none"> ▪ Austria ▪ Belgium (Flemish and French speaking) ▪ Denmark ▪ Estonia ▪ Finland ▪ France ▪ Germany ▪ Hungary ▪ Italy ▪ Portugal 	1. Name, City and Country		
	2. Name, City and Country		
	3. Name, City and Country		
	4. Name, City and Country		
	5. Name, City and Country		
	6. Name, City and Country		

C. INFORMATION ABOUT THE HOST SCHOOL(S)

Below please list the school(s) that have formally accepted to host a pupil from your school

Host school N° 1

Name and address of the institution

Full legal name of institution in the national language:			
Street name and number:			
Post code and town/city:			
Country:			
Telephone and fax number (include area and country code):	Telephone:	Fax:	
E-mail:			
Website:			

Type of institution

Type of institution:	<input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely:		
Number of pupils:	Total :	Female:	Male:

Head of institution

Family and first name:			Mr <input type="checkbox"/> Ms <input type="checkbox"/>
E-mail address			

Name of contact person (for the administrative part of the application)

Family and first name:			Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Present position:			
Telephone and fax number (include area and country code):	Telephone:	Fax:	
E-mail:			

Name of mentor for the pupil (this person will be the liaison person with the sending school and for the pupil)

Family and first name:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
Present Position:			
Telephone and fax number (include area and country code):	Telephone:	Fax:	
E-mail:			

If there are more than two hosting schools involved in this project, please continue on a copy of page 6

Host school N° 2

Name and address of the institution

Full legal name of institution in the national language:		
Street name and number:		
Post code and town/city:		
Country:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		
Website:		

Type of institution

Type of institution:	<input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely:		
Number of pupils:	Total :	Female:	Male:

Head of institution

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
E-mail address		

Name of contact person (for the administrative part of the application)

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Present position:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		

Name of mentor for the pupil (this person will be the liaison person with the sending school and for the pupil)

Family and first name:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>	
Present Position:		
Telephone and fax number (include area and country code):	Telephone:	Fax:
E-mail:		

D. INFORMATION ABOUT INTERESTED PUPIL(S)

Please fill out (a copy of) this form for every pupil who is interested in the Individual Pupil Mobility project

Name and Family Name	Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Date of birth	
Expected year of graduation	
Suggested programme length	3 months <input type="checkbox"/> 6 months <input type="checkbox"/> (Please check the national call to see which programme length is available in which country)
Preferred hosting school(s) (to be chosen from section C in this application)	Name: _____ Country: _____ Name: _____ Country: _____ Name: _____ Country: _____ (Each country has a maximum number of pupils who may be hosted. In case there are no more places available in a specific country, a place in one of the other countries can be proposed.)

Has the pupil missed or repeated a year or semester?
 Yes No
 If yes, please indicate which and give reason:

Please comment on the pupil's 1. academic record, 2. personality and motivation:

Pupil's language proficiency Mother tongue(s).....

English

	Poor	Fair	Good	Excellent
reading				
writing				
speaking				
comprehension				

Other language (please specify):

	Poor	Fair	Good	Excellent
reading				
writing				
speaking				
comprehension				

Other language (please specify):

	Poor	Fair	Good	Excellent
reading				
writing				
speaking				
comprehension				

Subjects to be followed during the school year 2007-2008



Comenius Individual Pupil Mobility Project

Annex 3 – Monthly allowances for pupils

Pupils participating in the Comenius Individual Pupil Mobility Project will receive a monthly grant to contribute to additional costs in the host country.

The table below shows the amounts per destination country. Please use this table to fill out the budget form (section E in the Application form for sending schools).

Country	1st month	Further months	Total 3 months	Total 6 months
Austria	187	112	411	748
Belgium	175	105	385	700
Denmark	238	143	524	952
Estonia	140	84	308	560
Finland	206	124	453	824
France	208	125	458	832
Germany	175	105	385	700
Hungary	157	94	345	628
Italy	196	118	431	784
Portugal	160	96	352	640

F. HOST SCHOOL DECLARATION

This form has to be filled out by the partner schools that are available to host a pupil coming from one of their partner schools.

Name and address of the institution

Full legal name of institution in the national language:		
Street name and number:		
Post code and town/city:		
Country:		
Telephone and fax number <i>(include area and country code):</i>	Telephone:	Fax:
E-mail:		
Website:		

Name of contact person *(for the administrative part of the application)*

Family and first name:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Present position:		
Telephone and fax number <i>(include area and country code):</i>	Telephone:	Fax:
E-mail:		

I, the undersigned, on behalf of my institution, confirm our participation in the Individual Pupil Mobility project as hosting school for pupils from our Comenius partner

school:.....(=name of the school).

Furthermore, I confirm my commitment to find suitable host families for the incoming pupil(s) and to cooperate with the coordinating organisation responsible for the implementation of the project in my country.

Place:

Date:

Name and position in capital letters:

Signature: