

LEONARDO DA VINCI PARTNERSHIPS

PROGRESS REPORT For Partnerships approved in 2010

Please send this progress report to your National Agency, duly completed and signed, by 30 June 2011 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.

1. General information:

| | |
|--------------------------------|--|
| Grant Agreement Reference No.: | |
| Partnership title: | |
| Partner countries: | |
| Your institution is: | <input type="checkbox"/> The coordinator <input type="checkbox"/> A partner |
| Name of your institution: | |
| Address: | |
| Telephone: | |
| Name of contact person: | |
| Telephone: | |
| E-mail: | |

2. Partnership content

| | | |
|--|---|--|
| 2.1. Please describe briefly the Partnership activities undertaken and the results achieved so far: | | |
| | | |
| 2.2. What problems/obstacles, have you met in the implementation of the Partnership, if any? How have these problems been solved? | | |
| | | |
| 2.3. Mobility activities | | |
| Minimum number of mobilities planned (<i>please tick as appropriate</i>) | <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 24 | <input type="checkbox"/> reduced number of mobilities ____ |
| 2.4 Mobilities carried out between 1.08.10 and 30.6.11 (add rows if necessary) | | |
| Mobility description | Nr of participating staff¹ | Nr of participating trainees |
| | | |
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| | | |
| Total number of mobilities | | |
| 2.5 Number of mobilities to be carried out by 31.7.2012 | | |

3. 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:

| | |
|--|--------|
| "We, the undersigned, certify that the information contained in this Progress Report is correct to the best of our knowledge". | |
| Date: | Date: |
| Place: | Place: |

¹ Including - in the case of mobility involving persons with special needs - accompanying persons

| | |
|--|--|
| <p>Name and position of the contact person:</p> <p>Signature of the contact person:</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> |
|--|--|
