



A. General Information

This form is to be filled out by organisations wishing to be accredited under the Erasmus+ programme. Please see the Erasmus+ Programme Guide for more information about accreditation.

This application form consists of the following main sections:

- Context: this section asks for general information about the type of accreditation you want to apply for and about the Agency that will receive, assess and select your application;
- Participating organisation(s): this section asks for information about the applicant organisation and - if relevant - about any other organisation involved;
- Description of the main activities: this section asks for information about the organisation strategy in preparation, implementation and follow-up of the activities they plan to implement;
- Check List/Data Protection Notice/Signature and, if relevant, background documents: in these sections, the applicant is made aware of important conditions linked to the submission of the grant request;
- Annexes: in this section, the applicant needs to attach additional documents that are mandatory for the completion of the application.
- Submission: in this section, the applicant will be able to confirm the information provided and to submit the form online.

For more information on how to fill in this application form, please refer to the e-Forms Guideline.

B. Context

| | |
|---------------------------------------------------------------------------|------------------------------------------------------|
| Programme | Erasmus+ |
| Action Type | Accreditation of Higher Education Mobility Consortia |
| Call | 2017 |
| Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time) | 02-02-2017 12:00:00 |
| Language used to fill in the form | |

B.1. National Agency of the Applicant Organisation

Please choose the National Agency in the country where your consortium is based.

| | |
|----------------|--|
| Identification | |
|----------------|--|

For further details about the available Erasmus+ National Agencies, please consult the following page:

<https://ec.europa.eu/programmes/erasmus-plus/contact>



C. Mobility Consortium Summary

Please provide a short summary of your mobility consortium. For successful applications, this section may be used by the European Commission, Executive Agency or National Agencies in their publications or when giving information about awarded mobility consortium accreditations. It will also feed the Erasmus+ dissemination platform. Please be concise and clear, and mention at least: the objectives of your consortium, the basic elements of the main activities, a short description of the results and impact envisaged.

[Redacted summary text area]

Please provide a translation in English.

[Redacted translation text area]

C.1. Summary of participating organisations in the mobility consortium

| Name of the Organisation | Erasmus Code (if applicable) | Type of Organisation |
|---------------------------------------------|------------------------------|----------------------|
| | | |
| | | |
| | | |
| Total number of participating organisations | | 3 |

Sample



D. Applicant Organisation

PIC

Full legal name (National Language)

Full legal name (Latin characters)

Acronym

National ID (if applicable)

Department (if applicable)

Address

Country

P.O. Box

Post Code

CEDEX

City

Website

Email

Telephone 1

Fax

D.1. Profile

Type of Organisation

Is your organisation a public body?

Is your organisation a non-profit?

D.2. Accreditation

Have you received an Erasmus Charter for Higher Education as an accreditation before submitting this application?

| Accreditation Type | Accreditation Reference |
|-----------------------------------------------------|-------------------------|
| Erasmus Charter for Higher Education (ERAPLUS-ECHE) | <input type="text"/> |

D.3. Background and Experience

Please briefly present your organisation, including information on its aims, target groups, regular activities and other relevant aspects.

Form hash code: 1AAE807A5DBE19CA

Form has not been submitted yet





[Redacted area]

What are the activities and experience of your organisation in the areas relevant for this consortium?

[Redacted area]

What are the skills and expertise of key staff/persons of your organisation related to the purpose of this consortium?

[Redacted area]

D.4. Legal Representative

| | |
|-------------|------------|
| Title | [Redacted] |
| Gender | [Redacted] |
| First Name | [Redacted] |
| Family Name | [Redacted] |
| Department | [Redacted] |
| Position | [Redacted] |
| Email | [Redacted] |
| Telephone 1 | [Redacted] |

If the address is different from the one of the organisation, please tick this box

D.5. Contact Person

| | |
|-------------|------------|
| Title | [Redacted] |
| Gender | [Redacted] |
| First Name | [Redacted] |
| Family Name | [Redacted] |
| Department | [Redacted] |
| Position | [Redacted] |

Form hash code: 1AAE807A5DBE19CA

EN

Form has not been submitted yet



Erasmus+

Application Form for Accreditation

Call: 2017

KA1 - Learning Mobility of Individuals

KA108 - Accreditation of Higher Education Mobility Consortia

Form Version: 4.02

Email

Telephone 1

If the address is different from the one of the organisation, please tick this box

Please add your national members of the mobility consortium.

Sample

Form hash code: 1AAE807A5DBE19CA

EN

Form has not been submitted yet



D.6. Consortium Member

PIC

Full legal name (National Language)

Full legal name (Latin characters)

Acronym

National ID (if applicable)

Department (if applicable)

Address

Country

P.O. Box

Post Code

CEDEX

City

Website

Email

Telephone 1

Fax

D.6.1. Profile

Type of Organisation

Is your organisation a public body?

Is your organisation a non-profit?

D.6.2. Accreditation

If your organisation is a higher education institution, has it received an Erasmus Charter for Higher Education as accreditation?

| Accreditation Type | Accreditation Reference |
|-----------------------------------------------------|-------------------------|
| Erasmus Charter for Higher Education (ERAPLUS-ECHE) | <input type="text"/> |

D.6.3. Background and Experience

Please briefly present the organisation

Form hash code: 1AAE807A5DBE19CA



Form has not been submitted yet



[Redacted text box]

What are the activities and experience of the organisation in the areas relevant for this consortium?

[Redacted text box]

What are the skills and expertise of key staff/persons of the organisation related to the purpose of this consortium?

[Redacted text box]

D.6.4. Legal Representative

| | |
|-------------|------------|
| Title | [Redacted] |
| Gender | [Redacted] |
| First Name | [Redacted] |
| Family Name | [Redacted] |
| Department | [Redacted] |
| Position | [Redacted] |
| Email | [Redacted] |
| Telephone 1 | [Redacted] |

If the address is different from the one of the organisation, please tick this box



D.7. Consortium Member

PIC

Full legal name (National Language)

Full legal name (Latin characters)

Acronym

National ID (if applicable)

Department (if applicable)

Address

Country

P.O. Box

Post Code

CEDEX

City

Website

Email

Telephone 1

Fax

D.7.1. Profile

Type of Organisation

Is your organisation a public body?

Is your organisation a non-profit?

D.7.2. Accreditation

If your organisation is a higher education institution, has it received an Erasmus Charter for Higher Education as accreditation?

| Accreditation Type | Accreditation Reference |
|-----------------------------------------------------|-------------------------|
| Erasmus Charter for Higher Education (ERAPLUS-ECHE) | <input type="text"/> |

D.7.3. Background and Experience

Please briefly present the organisation

Form hash code: 1AAE807A5DBE19CA



Form has not been submitted yet



[Redacted text box]

What are the activities and experience of the organisation in the areas relevant for this consortium?

[Redacted text box]

What are the skills and expertise of key staff/persons of the organisation related to the purpose of this consortium?

[Redacted text box]

D.7.4. Legal Representative

| | |
|-------------|------------|
| Title | [Redacted] |
| Gender | [Redacted] |
| First Name | [Redacted] |
| Family Name | [Redacted] |
| Department | [Redacted] |
| Position | [Redacted] |
| Email | [Redacted] |
| Telephone 1 | [Redacted] |

If the address is different from the one of the organisation, please tick this box



E. Description of the Consortium

What are the objectives of the mobility consortium? What are the issues and needs you are seeking to address through the consortium, in particular compared to the individual higher education institutions member of the consortium? What mobility activity types will be carried out over the 3 years? Please also specify if mobility to/from partner countries is foreseen.

Why and how did you choose your consortium partners? If applicable, what experiences and competences will enterprises and/or other organisations bring to the consortium?

E.1. Consortium Management

Please describe your consortium management with reference to, for instance, pooling and sharing of tasks/resources within the consortium, setting up of inter-institutional agreements with transnational/international partners, finding host organisations/enterprises and preparing learning agreements or mobility agreements with participants if it offers an added value compared to organising it individually by the HEIs members of the consortium.

E.2. Preparation of Participants

What kind of preparation will be offered by the consortium to participants in addition to or instead of the arrangements by the individual HEIs members of the consortium (e.g. task-related, intercultural, linguistic, risk-prevention, special needs, etc.)? Who will provide such preparatory activities?

E.3. Main Activities

What are the roles and responsibilities of each national partner (including the applicant/coordinator) in the activities of the consortium? Will the consortium or will the individual member institutions provide information and support to participants before, during and after the mobility including on recognition issues? Who is in charge of selecting participants and taking measures concerning the participation of disadvantaged groups? If the consortium is dealing with these issues, please describe how. How do you intend to cooperate and communicate with your consortium partners and other relevant stakeholders? How will monitoring arrangements be put in place for participants during their mobility periods? Who will monitor their mobility programme and progress?

Form hash code: 1AAE807A5DBE19CA

EN

Form has not been submitted yet



[Redacted area]

E.4. Follow-Up

Please describe what will happen after the end of your main activities.

E.4.1. Impact

What is the expected impact on the participants and national and transnational/international partners of organising mobility via this consortium as compared to the organisation by each individual HEI?

[Redacted area]

What is the expected impact of the consortium at the institutional/organisational, local, regional, national and/or international levels?

[Redacted area]

E.4.2. Dissemination of results of the consortium

Which activities will you carry out in order to share the results of your consortium outside your organisation and partners? What will be the target groups of your dissemination activities?

[Redacted area]

E.4.3. Evaluation

Which activities will you carry out in order to assess whether, and to what extent, your consortium has reached its objectives and results?

[Redacted area]



F. Checklist

Before submitting online your application form to the National Agency, please make sure that it fulfils the eligibility criteria listed in the Programme Guide and check that:

- you have used the official application form for Accreditation.
- all relevant fields in the application form have been completed.
- you have chosen the correct National Agency of the country in which your consortium is based.
- the application form has been completed using one of the official languages of the Erasmus+ Programme Countries.
- For the participating organisations that have not yet a PIC validated, they have uploaded the documents to give proof of the legal status of their institution in the participants' portal (for more details, see the section "Selection Criteria" in Part C of the Programme Guide).
- you are complying with the deadline.
- you have saved or printed the copy of the completed form for yourself.

Sample



G. Data Protection Notice

PROTECTION OF PERSONAL DATA

The application form will be processed electronically. All personal data (such as names, addresses, CVs, etc.) will be processed in pursuant to Regulation (EC) No 45/2001 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. Any personal data requested will only be used for the intended purpose, i.e.:

- In the case of grant application forms: the evaluation of your application in accordance with the specifications of the call for proposals, the management of the administrative and financial aspects of the project if selected and the dissemination of results through appropriate Erasmus+ IT tools. For the latter, as regards the details of the contact persons, an unambiguous consent will be requested.
- In the case of application for accreditation forms: the evaluation of your application in accordance with the specifications of the call for proposals,
- In the case of report forms: statistical and financial (if applicable) follow-up of the projects.

For the exact description of the collected personal data, the purpose of the collection and the description of the processing, please refer to the Specific Privacy Statement (see link below) associated with this form.

http://ec.europa.eu/programmes/erasmus-plus/documents/epluslink-efoms-privacy_en.htm

Sample



H. Signature

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

I declare to be aware of the Erasmus+ quality standards included in the Erasmus Charter for Higher Education and that represent a reference for the accreditation process. The consortium undertakes to adhere to these standards at all times if the consortium I represent is accredited.

Place:

Date (dd-mm-yyyy):

Name of the applicant organisation:

Name of legal representative:

Signature:

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

Stamp of the applicant organisation (if applicable):

Sample

Please attach a scanned version of this page to the application form before submitting it.



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. Standard Submission Procedure

Online submission (requires internet connection)

J.3. Alternative Submission Procedure

If you cannot submit your form online you can still do it by sending an email to your National Agency within the 2 hours following the official deadline. The email must contain the complete electronic form and any file attachments you wish to send. You must also attach a snapshot of section "Submission Summary" indicating that this electronic form could not be submitted online. Your National Agency will analyse your situation and provide you with further instructions.

J.4. Submission Summary

This form has not been submitted yet.

J.5. Form Printing

Print the entire form

Sample