



Name of evaluator: _____

**BILATERAL COMENIUS SCHOOL PARTNERSHIPS
COMMON EUROPEAN ELIGIBILITY CHECKLIST 2010**

Partnership reference N°

Name of applicant institution:

Partnership title:

| | Yes |
|---|-----|
| The application has been submitted by the applicant institution on 19 February 2010 at the latest (postmark date). | |
| The application has been submitted using the correct application form. | |
| The application has been submitted according to the instructions published by the National Agency. | |
| The form is not hand written. | |
| The form is completed in full. | |
| The application form has been completed using the communication language of the Partnership (this must be one of the official languages of the EU). | |
| The Partnership consists of two institutions located in at least two of the countries participating in the Lifelong Learning Programme. | |
| At least one of the participating institutions is located in a Member state of the European Union. | |
| The main teaching language of the two participating institutions is not the same. | |
| The applicant institution is eligible to receive funding from this National Agency to participate in a Comenius School Partnership. | |
| The table G.3.(Mobilities) includes a reciprocal exchange of classes or groups of minimum 10 days each. | |
| Part H (Requested EU funding) includes either the Partnership type or the grant amount requested by the applicant institution. | |
| The class or group of the applicant institution participating in the exchange involves a minimum of 10 pupils. | |
| The pupils of the applicant institution participating in the exchange are minimum 12 years old at the time of the class exchange. | |
| The form has been signed by the legal representative of the applicant institution or a person duly authorised by the legal representative. | |
| The applicant institution has fulfilled its contractual obligations in relation to any earlier grants received from the National Agency.¹ (exclusion criterion) | |
| <i>(If applicable, add national administrative priorities)</i> | |

¹ i.e. the institution in question has no outstanding repayments to the NA.

The application is eligible: Yes
No

**If the application is not eligible on the basis of one or several of the criteria above,
please give details if necessary:**

Date

Name and signature