



Education and Culture  
Lifelong Learning Programme  
COMENIUS

Name of evaluator: \_\_\_\_\_

**BILATERAL COMENIUS SCHOOL PARTNERSHIPS  
COMMON EUROPEAN ELIGIBILITY CHECKLIST 2012**

**Partnership reference N°**

**Name of applicant institution:**

**Partnership title:**

	Yes/ No
The application has been submitted by the applicant institution on 21 February 2012 at the latest (postmark date).	
The application has been submitted using the correct application form.	
The form is not hand written.	
All compulsory fields have been filled.	
The application form has been completed using 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 include a reciprocal exchange of classes or groups of minimum 10 days each.	
The class or group of the applicant institution participating in the exchange involves a minimum of 10 pupils.	
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.(exclusion criterion)	
<i>(If applicable, add national administrative priorities)</i>	

**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:**

*I hereby declare to the best of my knowledge that I have no conflict of interest (including family, emotional life, political affinity, economic interest or any other shared interest) with the organisation(s) or any of the persons having submitted this grant application. Furthermore, I confirm that I will not communicate to any third party any information that may be disclosed to me in the context of my work as an evaluator.*

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Date

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Name and signature