|  |  |  |
| --- | --- | --- |
| Application No.: |  | |
| To be completed by the Fund Operator | |

**ACTIVE CITIZENS FUND**

**BILATERAL COOPERATION – PRACTICAL LEARNING MOBILITIES**

**APPLICATION FORM**

2022

Instructions for filling in the APPLICATION FORM

# Please read the Call for Bilateral Cooperation – Practical Learning Mobilities carefully before filling in the Application form.

# Please fill in all necessary fields in this form. Make sure that you do not exceed the maximum allowed number of 5 pages (cover page not included, font: Times New Roman or Calibri, font size: 11, spacing: single line).

# The Application form must be completed in Lithuanian or English.

1. Please provide requested information in a brief and concise manner. Provide specific answers and explanations to the questions and instructions.
2. Completed Application form in .doc/.docx format, as well as signed, stamped (if applicable) and scanned or e-signed Application form in .pdf format together with all necessary annexes must be sent to e-mail address [projektai@apf.lt](mailto:projektai@apf.lt) before **23:59 Lithuanian time on the 15th of December, 2022**. E-mail subject line: **Bilateral practical learning mobility.**

Please read the Guidelines for Bilateral Cooperation practical learning mobilities carefully before filling in the Application form.

## INFORMATION ABOUT THE APPLICANT ORGANIZATION

|  |  |  |
| --- | --- | --- |
| **Full organization name** | |  |
| **Full organization name in English** | |  |
| **Contact person** | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |

## INFORMATION ABOUT THE SENDING ORGANIZATION

|  |  |  |
| --- | --- | --- |
| **Full organization name** | |  |
| **Full organization name in English** | |  |
| **Reg. No.** | |  |
| **Country** | |  |
| **Address for correspondence** | |  |
| **Head of organization**  *(legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Contact person**  *(if it is not the same as legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Organization website and FB page address** | |  |
| **Please provide a short description of your organization goals and main activities:**  *(max. 700 characters including spaces)* | |  |

## INFORMATION ABOUT THE HOSTING ORGANIZATION

|  |  |  |
| --- | --- | --- |
| **Full organization name** | |  |
| **Full organization name in English** | |  |
| **Reg. No.** | |  |
| **Legal form (only for new partners)** | |  |
| **Country** | |  |
| **Address** | |  |
| **Head of organization**  *(legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Contact person**  *(if it is not the same as legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Organization website and FB page address** | |  |
| **Please provide a short description of your organization goals and main activities:**  *(max. 700 characters including spaces)* | |  |

## DESCRIPTION OF PRACTICAL LEARNING MOBILITY

|  |
| --- |
| Duration of practical learning mobility (in working days) and indicative start date (DD-MM-YYYY): |
|  |
| Place of practical learning mobility (country, town, organization) |
|  |
| Please briefly and concisely describe practical learning mobility – topic and purpose, identify all participant(s) of practical learning mobility, describe preparation of participant(s), working methods and expected results. Attach daily working program. |
| *Topic and purpose of practical learning mobility* |
| *Identify participant(s) of practical learning mobility* *(name, surname, position in sending organization). List all participants of practical learning mobility* |
| *Describe preparation of participant(s) for practical learning mobility* |
| *Working methods* |
| *Expected results of practical learning mobility (e.g., improvement of special professional knowledge, abilities and skills, acquisition of new competences, transfer of methods and good practices, development of joint projects, etc.)* |

|  |
| --- |
| Please describe how this practical learning mobility will contribute to the bilateral cooperation objectives? |
|  |
| How the results of this practical learning mobility will be applied by the participating organizations? |
|  |

## APPLICATION ANNEXES

A completed application must be accompanied (mark with X):

|  |  |  |
| --- | --- | --- |
|  | Applicant declaration, in .pdf format |  |
|  | Budget of practical learning mobility |  |
|  | Letter of intent signed (or confirmation by e-mails) by the hosting/sending organization |  |
|  | Preliminary working program |  |

## INFORMATION ABOUT THE APPLICANT ORGANIZATION

|  |  |  |
| --- | --- | --- |
| **Full organization name** | |  |
| **Full organization name in English** | |  |
| **Contact person** | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |

## INFORMATION ABOUT THE SENDING ORGANIZATION

|  |  |  |
| --- | --- | --- |
| **Full organization name** | |  |
| **Full organization name in English** | |  |
| **Reg. No.** | |  |
| **Country** | |  |
| **Address for correspondence** | |  |
| **Head of organization**  *(legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Contact person**  *(if it is not the same as legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Organization website and FB page address** | |  |
| **Please provide a short description of your organization goals and main activities:**  *(max. 700 characters including spaces)* | |  |

## INFORMATION ABOUT THE HOSTING ORGANIZATION

|  |  |  |
| --- | --- | --- |
| **Full organization name** | |  |
| **Full organization name in English** | |  |
| **Reg. No.** | |  |
| **Legal form (only for new partners)** | |  |
| **Country** | |  |
| **Address** | |  |
| **Head of organization**  *(legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Contact person**  *(if it is not the same as legal representative)* | **Position** |  |
| **Name, Surname** |  |
| **Phone No.** |  |
| **E-mail** |  |
| **Organization website and FB page address** | |  |
| **Please provide a short description of your organization goals and main activities:**  *(max. 700 characters including spaces)* | |  |

## DESCRIPTION OF PRACTICAL LEARNING MOBILITY

|  |
| --- |
| Duration of practical learning mobility (in work days) and indicative start date (DD-MM-YYYY): |
|  |
| Duration of the project (in months) and indicative start date (DD-MM-YYYY): |
|  |
| Place of practical learning mobility (country, town, organization) |
|  |
| Please briefly and concisely describe practical learning mobility – topic and purpose, identify all participant(s) of practical learning mobility, describe preparation of participant(s), working methods, evaluation and expected results. Attach daily working program. |
| *Topic and purpose of practical learning mobility* |
| *Identify participant(s) of practical learning mobility* *(name, surname, position in sending organization). List all participants of practical learning mobility* |
| *Describe preparation of participant(s) for practical learning mobility and how their learning mobility experience will be evaluated* |
| *Working methods* |
| *Expected results of practical learning mobility (e.g., improvement of special professional knowledge, abilities and skills, acquisition of new competencies, transfer of methods and good practices, development of joint projects, etc.)* |

|  |
| --- |
| Please describe how this practical learning mobility will contribute to the bilateral cooperation objectives? |
|  |
| How the results of this practical learning mobility will be applied by the participating organizations? |
|  |

## APPLICATION ANNEXES

A completed and signed application (including its .doc/ *.docx* format) must be accompanied (mark with X):

|  |  |  |
| --- | --- | --- |
|  | Signed declarations of Participating Organizations, in .pdf format |  |
|  | Budget of practical learning mobility |  |
|  | Letter of intent signed by the hosting/sending partner organization |  |
|  | Preliminary working program |  |