



Education and Culture
Lifelong Learning Programme
COMENIUS

Name of evaluator: _____

COMENIUS
IN SERVICE TRAINING
COMMON EUROPEAN ELIGIBILITY CHECKLIST
2010

IST reference N°

Name of the applicant:

	YES
The application has been submitted by the applicant by the published deadline.	
The application has been submitted using the correct application form.	
The application form is not hand written.	
The application form is completed in full.	
The application form has been completed using one of the official languages of the EU, or, in the case of the EFTA/EEA or candidate countries, in the national language of the country concerned.	
The application form submitted to the National Agency bears the applicant's original signature.	
If the applicant is an employed person, the application form is additionally signed by head of the applicant's employer institution.	
The applicant is a national of a country participating in the Lifelong Learning Programme or a national of another country employed or living in a country participating in the LLP, under the conditions fixed by the participating country.	
If the applicant is an employed person, his/her employer institution is eligible for participation in the Comenius programme.	
The applicant belongs to at least one of the staff categories eligible for the Comenius IST grant for the given IST activity.	
The training activity is eligible under the Comenius IST action.	
The training activity takes place in one of the countries participating in the Lifelong Learning Programme and is organised by an institution/company which is located in a country participating in the LLP.	
The training activity takes place in a country other than the country where the applicant is resident or works.	
For job shadowing, either the home or destination country is an EU Member State.	
The training activity takes place within the eligible period.	
The training activity is eligible in terms of duration. - for structured courses – from 5 working days up to 6 weeks; - for job shadowing/work placements and conferences/seminars – up to 6 weeks.	
<i>(If applicable, add national administrative criteria)</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 person who has 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.

Date

Name and signature