



Lifelong  
Learning  
Programme

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

**MULTILATERAL COMENIUS SCHOOL PARTNERSHIPS  
COMMON EUROPEAN ELIGIBILITY CHECKLIST 2013**

**Partnership reference N°**

<b>Name of applicant institution:</b>	
<b>Partnership title:</b>	

	Yes / No
The application has been submitted by the applicant institution on 21 February 2013 at the latest (postmark date).	
The application has been submitted using the correct application form.	
The application form is not hand written.	
All the compulsory fields in the application form have been filled.	
The application form has been completed using one of the official languages of the EU.	
The Partnership consists of institutions located in at least three 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 applicant institution is eligible to receive funding from this National Agency to participate in a Comenius School Partnership.	
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>National Administrative Priorities</i>	
A School Partnership has to be formally closed for three years before an institution can apply for a new grant.	
A maximum of one school from Greece is eligible in the same partnership. If two or more Greek schools apply in the same partnership, they will all be considered ineligible.	
A maximum of one School Partnership application per school will be accepted. If a school submits more than one application, all applications submitted by that school will be considered ineligible.	

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