**Erasmus+ Virtual contact seminar**

**3rd December, 2015.**

**Application form**

We are glad that you are interested in Tempus Public Foundation’s Virtual Contact Seminar and are ready to explore the many exciting opportunities that are available to you in Erasmus+.

1. **General information:**

The contact seminar is open for institutions eligible for participation in the Erasmus+ programme.

The language of the application form is English. One application form may be submitted per institution with up to 5 participants. Skype account is compulsory for every participant. Applications will be accepted up to the capacity of the online platform. In case of too many applications priority will be given to those institutions which:

* have not been granted yet in the Erasmus+ programme
* are located in regions which are underrepresented in Erasmus+ programme
1. **Information about the contact seminar:**

Theme: **Enhancing teaching profession through European co-operations**

Place: On-line virtual platform

Educational sector: School Education (SE) and Vocational Education and Training (VET)

1. **Information about the participant institution:**

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| **Name of your institution** (in English): |  |
| Name of your institution in national language: |  |
| Type of your institution: (Please select) | Jelöljön ki egy elemet. |
| Website of the institution: |  |
| Address of the institution: |  |

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| **Main contact person** |
| Name: |  |
| Email address: |  |
| Unit: |  |
| Position: |  |

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| **Other contact person**(optional) |
| Name: |  |
| Email address: |  |
| Unit: |  |
| Position: |  |

**Please provide a general overview of your institution:**

(Please specify the size of your institution, already gained international educational experiences, educational profile, main subjects taught).

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My institution is interested in Erasmus+ KA1 SE projects. Yes/No

My institution is interested in Erasmus+ KA1 VET projects. Yes/No

My institution is interested in Erasmus+ KA2SE projects. Yes/No

My institution is interested in Erasmus+ KA2VET projects. Yes/No

1. **Participants detail**

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| **Participant 1** |
| Title: |  |
| Name: |  |
| Position: |  |
| E-mail address: |  |
| Telephone number (with country code and extension if available): |  |
| Skype account name: |  |

**Would you like to add more participants?**(Please note that an institution can participate with up to 5 participants)

Yes/No

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| **Participant 2,3,etc.** |
| Title: |  |
| Name: |  |
| Position: |  |
| E-mail address: |  |
| Telephone number (with country code and extension if available): |  |
| Skype account name: |  |

**Do you have any previous experiences on international cooperation projects?** Yes/No

If yes, please describe it:

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**Please introduce your project idea(s)**

(Please specify the main aim and idea of the project, the foreseen activities, outcomes and intellectual outputs, the planned composition of the partners)

Project idea 1.:

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Project idea 2.:

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Project idea 3.:

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Etc.:

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