**Erasmus+ Learning Programme for**

 **Activities in Group Mobility of School Pupils**

# Information about the learning mobility

|  |  |
| --- | --- |
| Field | School Education |
| Activity type: | Group Mobility of School Pupils |
| Mode: | [Choose one: Physical OR Blended OR Virtual] |
| Start date: | [DD/MM/YYYY – first day of activity at the hosting school ]  |
| End date: | [DD/MM/YYYY - last day of activity at the hosting school] |
| Participants’ profile | [Briefly describe the profile of the participants in the group activity: the education programmes they are attending at their home institution; their age groups; main learning needs; language competences, etc.] |

## Sending school

|  |  |
| --- | --- |
| Organisation name: | [Full legal name of the sending school] |
| Address: | [Full address, including country, city and post code] |

## Hosting school

|  |  |
| --- | --- |
| Organisation name: | [Full legal name of the hosting school] |
| Address: | [Full address, including country, city and post code] |

# Timetable

[Introduce the full timetable of the activity. The below table format is only a simple example that can be modified to best fit the specific activity.]

|  |  |
| --- | --- |
| **Timing** | **Activity/Session/Task** |
| [e.g. Date/Day 1 – 9:00] | [e.g. ‘Introduction’] |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Learning programme

[To complete this section add all of the learning activities listed under ‘Timetable’ and describe them. (In case of activities in virtual or blended mode\* - all content should be specified, including the online parts). The table below may be complemented or replaced by an annexed document; in that case appropriate text should be added to reference the document.]

|  |
| --- |
| **Activity 1: [Title]** |
| Learning methods: | [Describe how the learning will be organised – what methods and approaches were applied; what tasks did the participants complete] |
| Learning outcomes: | [Describe what will the participants learn during this activity in terms of new or improved knowledge, skills and competences] |

|  |
| --- |
| **Activity 2: [Title]** |
| Learning methods: | [Describe how the learning will be organised – what methods and approaches were applied; what tasks did the participants complete] |
| Learning outcomes: | [Describe what will the participants learn during this activity in terms of new or improved knowledge, skills and competences] |

|  |
| --- |
| **Activity 3: [Title]** |
| Learning methods: | [Describe how the learning will be organised – what methods and approaches were applied; what tasks did the participants complete] |
| Learning outcomes: | [Describe what will the participants learn during this activity in terms of new or improved knowledge, skills and competences] |

|  |
| --- |
| **Activity 4: [Title]** |
| Learning methods: | [Describe how the learning will be organised – what methods and approaches were applied; what tasks did the participants complete] |
| Learning outcomes: | [Describe what will the participants learn during this activity in terms of new or improved knowledge, skills and competences] |

|  |
| --- |
| **Activity 5: [Title]** |
| Learning methods: | [Describe how the learning will be organised – what methods and approaches were applied; what tasks did the participants complete] |
| Learning outcomes: | [Describe what will the participants learn during this activity in terms of new or improved knowledge, skills and competences] |

# Accompanying persons

The following person(s), teachers or other authorized persons from the sending school, will accompany the participants and guide the learning activities, for the entire duration of the activity:

|  |  |
| --- | --- |
| Full name: |  |
| Position or qualification: |  |
| Email: |  |
| Phone number(s): |  |
| Responsibilities: |  |

|  |  |
| --- | --- |
| Full name: |  |
| Position or qualification: |  |
| Email: |  |
| Phone number(s): |  |
| Responsibilities: |  |

[Please make copies of the above table for further accompanying persons.]

# Signatures

The signatories confirm that the information in this document is correct and complete.

|  |  |  |
| --- | --- | --- |
| **For sending school** |  | **For hosting school** |
| Full name: |  |  | Full name: |  |
| Position: |  |  | Position: |  |
| Date and place: |  |  | Date and place: |  |
| Signature: |  |  | Signature: |  |

**Participants list**

 [You can add more lines to the tables, if needed.]

# Participants

|  |  |  |
| --- | --- | --- |
| **#** | **Full name** | **Sending School** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

# Accompanying persons

|  |  |  |
| --- | --- | --- |
| **#** | **Full name** | **Sending School** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

# Signatures

The signatories confirm that the participants list is correct and complete.

|  |  |  |
| --- | --- | --- |
| **For sending school** |  | **For hosting school** |
| Full name: |  |  | Full name: |  |
| Position: |  |  | Position: |  |
| Date and place: |  |  | Date and place: |  |
| Signature: |  |  | Signature: |  |