|  |
| --- |
| **CONFIDENTIAL** |
|  |
| **Partnerships for pathways to Higher Education**  **and science engagement in Regional Clusters  of Open Schooling** |
|  |
| **APPLICATION FORM** |

**Project Details**

Acronym: **PHERECLOS**

Title: PARTNERSHIPS FOR PATHWAYS TO HIGHER EDUCATION AND SCIENCE ENGAGEMENT IN REGIONAL CLUSTERS OF OPEN SCHOOLING

Coordinator: **KINDERBURO UNIVERSITAT WIEN GMBH (KUW)**, Austria

Reference: 824630

Type: Coordination and Support Action (CSA)

Program: HORIZON 2020

Theme: Open schooling and collaboration on science education

Topic-ID: Topic SwafS-01-2018-2019

Start: 01 October 2019 – 30 September 2022

Duration: 36 months

Website: www.phereclos.eu

Consortium: **KINDERBURO UNIVERSITAT WIEN GMBH (KUW)**, Austria

**SYNYO GMBH (SYNYO)**, Austria

**UNIVERSITAET INNSBRUCK (UIBK)**, Austria

**UNIWERSYTET SLASKI (UNI SLASKI),** Poland

**UNIVERSITAT WIEN (UNIVIE)**, Austria

**EUROPEAN SCHOOL HEADS ASSOCIATION (ESHA)**, Austria

**KOBENHAVNS UNIVERSITET (UCPH)**, Denmark

**STICHTING INTERNATIONAL PARENTS ALLIANCE (IPA)**, Netherlands

**SNELLMAN-INSTITUUTTI RY (SNELLMAN)**, Finland

**POLITECHNIKA LODZKA (TUL)**, Poland

**UNIVERSIDADE DO PORTO (UPORTO)**, Portugal

**S.I.S.S.A. MEDIALAB SRL (MEDIALAB)**, Italy

**UNIVERSIDAD EAFIT (EAFIT),** Colombia

**ASOCIATIA UNIVERSITATEA COPIILOR (UNICO)**, Romania

**TEACHER SCIENTIST NETWORK LBG (TSN)**, United Kingdom

|  |  |
| --- | --- |
| This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 824630 | **Disclaimer:** The content of this report represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains |

|  |  |  |
| --- | --- | --- |
| **TEMP PARTNERS** | | |
| **PARTNER organisation 1** | | |
| NAME | COUNTRY | WEBSITE |
| **PARTNER organisation 2** | | |
| NAME | COUNTRY | WEBSITE |
| **PARTNER organisation 3** | | |
| NAME | COUNTRY | WEBSITE |
| **PARtNEr organisation 4** | | |
| NAME | COUNTRY | WEBSITE |

# 

# Introduction

The purpose of completing this Application Form is joining the Transnational Education Mentoring Partnerships TEMP Programme under the *Partnerships for pathways to higher education and science engagement in regional clusters of open schooling PHERECLOS* project.

After all partners have completed this Form, please send it along with the completed   
TEMP Workplan Template to **mentoring@phereclos.eu**

# User Guide

In this application form you will be asked for certain administrative information and, details of the work you intend to carry out and potential impacts of your work. Please give short answers. These will be used in the evaluation and further processing of your proposal. For applicants who wish to provide further information supporting their application, additional pages can be appended to this document.

If you have any questions on this application form, please contact us at **mentoring@phereclos.eu**

## Confidentiality

All details submitted as part of this process will be treated in confidence.

|  |  |
| --- | --- |
| APPLICATION FORM | |
| PARTNER ORGANISATION 1 | |
| FULL LEGAL NAME |  |
| ADDRESS |  |
| LEGAL FORM |  |
| AUTHORISED REPRESENTATIVE | *Please enter the name of the person who will represent the Organisation within the TEMP and ahead the Consortium*:  First name ………………..….… Last name …………………..…………  Email …………………………………………… |
| TYPE OF ORGANISATION | The TEMP Mentoring Partnerships are open to all interested organisations being formal, non-formal or informal education providers, or any other organisations related to education.  Select type:  󠄀 SCHOOL OR SCHOOL AUTHORITIES  󠄀 HIGHER EDUCATION ESTABLISHMENT  󠄀 TEACHER TRAINING INSTITUTION  󠄀 OTHER EDUCATION PROVIDER (NON FORMAL)  󠄀 RESEARCH ORGANISATION  󠄀 CHILDREN’S UNIVERSITY  󠄀 COMPANY, INDUSTRY  󠄀 CIVIC SOCIETY ORGANISATION, NGO  󠄀 PUBLIC ADMINISTRATION, MUNICIPALITY  󠄀 PRESS, MEDIA, PUBLISHERS  󠄀 OTHER (PLEASE SPECIFY) ...……………………………………………………………… |
| EXPERTISE IN THE FIELD OF EDUCATION | *Please, describe the experience in education market - period of activity, target groups, participation in projects, most important achievements.* |
| COOPERATION | *Please, describe the experience in cooperation with school education sector, as well as the range and character of activity (examples of activities).* |
| DISSEMINATION | *Please, provide a description of potential for dissemination the innovative ideas and practises within the school environment and educational networks.* |
| ROLE IN TEMP | *Describe the potential and envisaged role and tasks in the TEMP Partnership.* |
| ORIGINALITY AND INNOVATIVE NATURE | *Describe, scale, range and any novel concepts, approaches or methods that will be employed, proposed in the TEMP workplan.* |
|  |  |

|  |  |
| --- | --- |
| APPLICATION FORM | |
| PARTNER ORGANISATION 2 | |
| FULL LEGAL NAME |  |
| ADDRESS |  |
| LEGAL FORM |  |
| AUTHORISED REPRESENTATIVE | *Please enter the name of the person who will represent the Organisation within the TEMP and ahead the Consortium*:  First name ………………..….… Last name …………………..…………  Email …………………………………………… |
| TYPE OF ORGANISATION | The TEMP Mentoring Partnerships are open to all interested organisations being formal, non-formal or informal education providers, or any other organisations related to education.  Select type:  󠄀 SCHOOL OR SCHOOL AUTHORITIES  󠄀 HIGHER EDUCATION ESTABLISHMENT  󠄀 TEACHER TRAINING INSTITUTION  󠄀 OTHER EDUCATION PROVIDER (NON FORMAL)  󠄀 RESEARCH ORGANISATION  󠄀 CHILDREN’S UNIVERSITY  󠄀 COMPANY, INDUSTRY  󠄀 CIVIC SOCIETY ORGANISATION, NGO  󠄀 PUBLIC ADMINISTRATION, MUNICIPALITY  󠄀 PRESS, MEDIA, PUBLISHERS  󠄀 OTHER (PLEASE SPECIFY) ...……………………………………………………………… |
| EXPERTISE IN THE FIELD OF EDUCATION | *Please, describe the experience in education market - period of activity, target groups, participation in projects, most important achievements.* |
| COOPERATION | *Please, describe the experience in cooperation with school education sector, as well as the range and character of activity (examples of activities).* |
| DISSEMINATION | *Please, provide a description of potential for dissemination the innovative ideas and practises within the school environment and educational networks.* |
| ROLE IN TEMP | *Describe the potential and envisaged role and tasks in the TEMP Partnership.* |
| ORIGINALITY AND INNOVATIVE NATURE | *Describe, scale, range and any novel concepts, approaches or methods that will be employed, proposed in the TEMP workplan.* |
|  |  |

|  |  |
| --- | --- |
| APPLICATION FORM | |
| PARTNER ORGANISATION 3 | |
| FULL LEGAL NAME |  |
| ADDRESS |  |
| LEGAL FORM |  |
| AUTHORISED REPRESENTATIVE | *Please enter the name of the person who will represent the Organisation within the TEMP and ahead the Consortium*:  First name ………………..….… Last name …………………..…………  Email …………………………………………… |
| TYPE OF ORGANISATION | The TEMP Mentoring Partnerships are open to all interested organisations being formal, non-formal or informal education providers, or any other organisations related to education.  Select type:  󠄀 SCHOOL OR SCHOOL AUTHORITIES  󠄀 HIGHER EDUCATION ESTABLISHMENT  󠄀 TEACHER TRAINING INSTITUTION  󠄀 OTHER EDUCATION PROVIDER (NON FORMAL)  󠄀 RESEARCH ORGANISATION  󠄀 CHILDREN’S UNIVERSITY  󠄀 COMPANY, INDUSTRY  󠄀 CIVIC SOCIETY ORGANISATION, NGO  󠄀 PUBLIC ADMINISTRATION, MUNICIPALITY  󠄀 PRESS, MEDIA, PUBLISHERS  󠄀 OTHER (PLEASE SPECIFY) ...……………………………………………………………… |
| EXPERTISE IN THE FIELD OF EDUCATION | *Please, describe the experience in education market - period of activity, target groups, participation in projects, most important achievements.* |
| COOPERATION | *Please, describe the experience in cooperation with school education sector, as well as the range and character of activity (examples of activities).* |
| DISSEMINATION | *Please, provide a description of potential for dissemination the innovative ideas and practises within the school environment and educational networks.* |
| ROLE IN TEMP | *Describe the potential and envisaged role and tasks in the TEMP Partnership.* |
| ORIGINALITY AND INNOVATIVE NATURE | *Describe, scale, range and any novel concepts, approaches or methods that will be employed, proposed in the TEMP workplan.* |
|  |  |

|  |  |
| --- | --- |
| APPLICATION FORM | |
| PARTNER ORGANISATION 4 | |
| FULL LEGAL NAME |  |
| ADDRESS |  |
| LEGAL FORM |  |
| AUTHORISED REPRESENTATIVE | *Please enter the name of the person who will represent the Organisation within the TEMP and ahead the Consortium*:  First name ………………..….… Last name …………………..…………  Email …………………………………………… |
| TYPE OF ORGANISATION | The TEMP Mentoring Partnerships are open to all interested organisations being formal, non-formal or informal education providers, or any other organisations related to education.  Select type:  󠄀 SCHOOL OR SCHOOL AUTHORITIES  󠄀 HIGHER EDUCATION ESTABLISHMENT  󠄀 TEACHER TRAINING INSTITUTION  󠄀 OTHER EDUCATION PROVIDER (NON FORMAL)  󠄀 RESEARCH ORGANISATION  󠄀 CHILDREN’S UNIVERSITY  󠄀 COMPANY, INDUSTRY  󠄀 CIVIC SOCIETY ORGANISATION, NGO  󠄀 PUBLIC ADMINISTRATION, MUNICIPALITY  󠄀 PRESS, MEDIA, PUBLISHERS  󠄀 OTHER (PLEASE SPECIFY) ...……………………………………………………………… |
| EXPERTISE IN THE FIELD OF EDUCATION | *Please, describe the experience in education market - period of activity, target groups, participation in projects, most important achievements.* |
| COOPERATION | *Please, describe the experience in cooperation with school education sector, as well as the range and character of activity (examples of activities).* |
| DISSEMINATION | *Please, provide a description of potential for dissemination the innovative ideas and practises within the school environment and educational networks.* |
| ROLE IN TEMP | *Describe the potential and envisaged role and tasks in the TEMP Partnership.* |
| ORIGINALITY AND INNOVATIVE NATURE | *Describe, scale, range and any novel concepts, approaches or methods that will be employed, proposed in the TEMP workplan.* |
|  |  |

**For the compliance of the declared data with the actual state:**

**Partner 1 [replace with organisation name]**

**[signature and stamp here]**

[insert first name / last name of authorised representative]

[insert position of authorised representative]

Done at [insert place, date]

**Partner 2 [replace with organisation name]**

**[signature and stamp here]**

[insert first name / last name of authorised representative]

[insert position of authorised representative]

Done at [insert place, date]

**Partner 3 [replace with organisation name]**

**[signature and stamp here]**

[insert first name / last name of authorised representative]

[insert position of authorised representative]

Done at [insert place, date]

**Partner 4 [replace with organisation name]**

**[signature and stamp here]**

[insert first name / last name of authorised representative]

[insert position of authorised representative]

Done at [insert place, date]