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ERASMUS+ PROGRAMME

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| **KA1 Mobility Project for School Education Staff/Adult Education Staff****Virtual Activities Outline Form** |

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| Grant Agreement number: **20XX-X-IE01-KAXXX-XXXXXX** |
| Grant agreement period: DD/MM/YYYY – DD/MM/YYYY |
| Project duration: XX (months)  |
| Project title:  |
| Beneficiary Organisation:  |

**Circumstances for Requesting a Blended or Virtual Activity due to Covid-19 Pandemic**

In light of the exceptional circumstances created by the COVID-19 pandemic and in order to assist KA1 project beneficiaries to deliver on the project activities during this time, an option of carrying out blended or virtual activities/mobilities was proposed. The options and conditions when they apply are highlighted below:

1. If it is not possible or suitable to postpone the planned mobility activities to a later period within the existing duration of the project, organisations may wish to consider **‘blended’ mobilities**, with virtual elements supported by physical mobilities at the later stage of the project.

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| *If you have already carried out blended mobilities or are planning to do so within the remit of your project please outline in the box below:** *how you will meet the original aims of the physical event*
* *the proposed blended activity programme and timeframes.*

**When considering the blended activities please bear in mind the following:*** **Travel, Individual Support and Course Fees will be eligible only for physical part of the blended mobility**
* **The requests for blended mobility will be reviewed on a case by case basis.**
* **It will not be possible to exceed the total amount of funding your project was awarded originally.**

Once above information is provided please return this form to your Project Support and Development Officer for review as follows:**Deirdre O’Brien** **dobrien@leargas.ie**or Tomas Bulnes **tbulnes@leargas.ie** **for KA101 projects****Denise Shannon** **dshannon@leargas.ie** **for KA104 projects**  |
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1. If it is not possible to complete a physical mobility or carry out a blended mobility, a period of **virtual mobility** may be possible.

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| **When considering the virtual activities please bear in mind the following:*** **Virtual activities are only allowed within a context of COVID-19.**
* **Travel, Individual Support and Course Fees funding is not eligible for these activities.**
* **It will not be possible to exceed the total amount of funding your project was awarded originally.**
* **Each request for virtual activity will be reviewed on a case by case basis.**
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If you are considering the virtual activities please review the table below, complete relevant sections and return this form to your Support and Development Officer for review:

**Deirdre O’Brien** **dobrien@leargas.ie**or Tomas Bulnes **tbulnes@leargas.ie** **for KA101 projects**

**Denise Shannon** **dshannon@leargas.ie** **for KA104 projects**

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| Please outline why you are not in a position to delay your project mobilities to a later stage within the current project duration. |
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| Please outline why you are not in a position to extend your project duration in order to carry out the planned physical activities.  |
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| If it is not possible to delay your activities or extend the project duration please outline below which activities you would like to carry out virtually and how you propose to undertake them. |

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| [ ]  **Virtual Mobility Activity** **Teaching Assignments** - Please outline how you will meet the aims of the physical event.  - Please outline or include a copy of the proposed Virtual Activity Programme - Please outline how you plan to re-allocate the costs of this activity and how you will use these funds. - Please confirm number of participants planned for this activity |  |
| [ ]  **Virtual Mobility Activity** **Structured Courses or Training Events** - Please outline how you will meet the original aims of the physical event.  - Please outline or include a copy of the proposed Virtual Activity Programme - Please outline how you plan to re-allocate the costs of this activity and how you will use these funds.- Please confirm number of participants planned for this activity |  |
| [ ]  **Virtual Mobility Activity** **Job-Shadowing** - Please outline how you will meet the original aims of the physical event.  - Please outline or include a copy of the proposed Virtual Activity Programme - Please outline how you plan to re-allocate the costs of this activity and how you will use these funds.- Please confirm number of participants planned for this activity |  |

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| **Contact Person Name** |  |
| **Contact person Position** |  |
| **Date** |  |

**For NA Internal use ONLY**

**Blended/Virtual Activity Approved Yes** 🞎 **No** 🞎

Programme Support and Development 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :

Finance & Ops 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :