

<b>ERASMUS STUDENT PLACEMENT CONSORTIA FORMAL ELIGIBILITY CHECK</b>	
<b>APPLICANT INSTITUTION:</b> <b>Project ref. n°:</b>	
FORMAL ELIGIBILITY CHECK DONE BY: Date :    /    /        (dd/mm/yyyy)	
<b>SUBJECT AREA :</b>	<b>TITLE OF PROJECT:</b>

<b>I. FORMAL ELIGIBILITY CHECK FOR ERASMUS Placement Consortia</b>	
<p><input type="checkbox"/> The proposal has been submitted by the deadline</p> <p><input type="checkbox"/> The proposal has been submitted using the official application form</p> <p><input type="checkbox"/> All sections of the application form have been completed</p> <p><input type="checkbox"/> The proposal is dated and signed by the legal representative of the co-ordinating institution of the consortium</p> <p><input type="checkbox"/> The consortium is eligible (at least one higher education institution) and the activities are eligible (student placements)</p> <p><input type="checkbox"/> The sending higher education institutions have an extended Erasmus University Charter*</p> <p><input type="checkbox"/> The legal representative of the applicant organisation has signed the declaration on honour** (section 5 of the application form)</p>	
<p>* This point will be checked once the selection results are known</p> <p>** If necessary, checking of financial capacity will be carried out before the final selection decision is taken</p>	
<b>DECISION on formal eligibility</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>RESERVE</b>
	<input type="checkbox"/> <b>NO</b>
<p><i>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.</i></p>	
_____	_____
Date	Name and signature