



FOR EUPA USE ONLY ERASMUS+ AND EUROPEAN SOLIDARITY CORPS PROGRAMME EN	Registration number: MT/19/E+ESC/EXP-
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Please submit the filled-in form with original signature the EUPA by email, post, by private courier service or in person, as indicated in the Call for Applications as published on the EUPA website: [www.eupa.org.mt](http://www.eupa.org.mt)

# EXTERNAL EXPERT FOR ASSESSMENT OF PROJECTS UNDER THE ERASMUS+ PROGRAMME (E+) AND EUROPEAN SOLIDARITY CORPS PROGRAMME (ESC)

## 1. PERSONAL DETAILS

\* COUNTRY / NATIONALITY CODES: AT: Austria – BE: Belgium – DE: Germany – DK: Denmark – ES: Spain – FR: France – FI: Finland – GR: Greece – UK: United Kingdom – IT: Italy – IE: Ireland – LU: Luxembourg – NL: Netherlands – SE: Sweden – PT: Portugal – IS: Iceland – LI: Liechtenstein – NO: Norway – BG: Bulgaria – CZ: Czech Republic – EE: Estonia – CY: Cyprus – LV: Latvia – LT: Lithuania – HU: Hungary – MT: Malta – PL: Poland – RO: Romania – SI: Slovenia – SK: Slovakia, TR: Turkey – OT: Other

SURNAME:

FIRST NAME:

DATE OF BIRTH (DD/MM/YYYY):  /  /       SEX :    F :       M :

NATIONALITY CODE \*:

**ADDRESS:**

NUMBER, ROAD / STREET:

COUNTRY CODE\*:         POSTAL CODE :

TOWN / CITY:

MOBILE NUMBER:

E-MAIL:



**PLEASE ONLY FILL-IN THE SECTIONS THAT ARE RELEVANT TO YOUR EXPERIENCE**

**4. EXPERIENCE**

A) ON A SCALE FROM 4 (EXCELLENT) TO 1 (BASIC), INDICATE THE LEVEL OF COMPETENCE YOU HAVE IN RELATION TO THE FOLLOWING FIELDS:	LEVEL OF COMPETENCE
ERASMUS+ FIELD OF YOUTH NON-FORMAL AND INFORMAL LEARNING	<input type="checkbox"/>
EU YOUTH STRATEGY	<input type="checkbox"/>
YOUTH GUARANTEE	<input type="checkbox"/>
NATIONAL YOUTH POLICY	<input type="checkbox"/>
EU INDICATORS IN THE YOUTH FIELD	<input type="checkbox"/>

B) I) PLEASE INDICATE IF AND WHEN YOU HAVE HAD ANY PREVIOUS EXPERIENCE WITH THE FORMER GENERATIONS OF EDUCATION PROGRAMMES (EG LIFELONG LEARNING PROGRAMME & YOUTH IN ACTION PROGRAMME) AND ANY EXPERIENCE DURING THE IMPLEMENTATION OF THE ERASMUS+ AND EUROPEAN SOLIDARITY CORPS PROGRAMME;  
 II) INDICATE YOUR ROLE ACCORDING TO THE INDICATED CAPACITIES;  
 III) SPECIFY THE PROJECT TITLE AND REFERENCE NUMBER OF THE PROJECT IN WHICH YOU WERE INVOLVED.

CO-ORDINATOR PARTNER PARTICIPANT CONSULTANT	YEAR	TITLE OF PROPOSAL	REFERENCE NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

IF YOU HAVE PREVIOUSLY WORKED AS AN EVALUATOR/ASSESSOR WITHIN THE FORMER GENERATION OF PROGRAMMES PLEASE GIVE DETAILS INCLUDING THE YEAR THE EVALUATION EXERCISE THAT TOOK PLACE AND WHETHER IT WAS CARRIED OUT ON COMMISSION OR NATIONAL LEVEL.

**YOUTH IN ACTION PROGRAMME**

YEAR		NATIONAL LEVEL		COMMISSION LEVEL

IF YOU HAVE WORKED AS AN EVALUATOR/ASSESSOR WITHIN THE ERASMUS+ PROGRAMME PLEASE GIVE DETAILS INCLUDING THE EVALUATION EXERCISE THAT TOOK PLACE AND WHETHER IT WAS CARRIED OUT ON COMMISSION OR NATIONAL LEVEL.

**ERASMUS+ PROGRAMME**

YEAR		NATIONAL LEVEL		COMMISSION LEVEL
201_				
201_				
201_				
201_				

IF YOU HAVE WORKED AS AN EVALUATOR/ASSESSOR WITHIN THE EUROPEAN SOLIDARITY CORPS PROGRAMME PLEASE GIVE DETAILS INCLUDING THE EVALUATION EXERCISE THAT TOOK PLACE AND WHETHER IT WAS CARRIED OUT ON COMMISSION OR NATIONAL LEVEL.

**EUROPEAN SOLIDARITY CORPS PROGRAMME**

YEAR		NATIONAL LEVEL		COMMISSION LEVEL
201_				
201_				
201_				
201_				

**5. DECLARATION**

The undersigned hereby certifies that all the information given in this application is complete and correct to the best of his/her knowledge. The undersigned accepts to provide supporting documents on request.

If the information appears to be incorrect or if on request written evidence is not received by the date requested, the EUPA reserves the right to delete the information from its information system. The EUPA cannot be held liable for use of incorrect information obtained via this application form.

This application form must be signed and dated.

Date:

Signature:

**PLEASE ATTACH EUROPASS CV WITH THE APPLICATION FORM**

**FOR EUPA USE ONLY**

POST STAMP :

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RECEPTION DATE :

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