



Erasmus+ Programme

Student Application - Expression of Interest

Group Mobility of School Pupils - Educational Visit

Project Title	Teaching Without Borders: Enhancing Digital Skills, Inclusion and Cultural Awareness
Project Code	2026-1-CY01-KA122-SCH-000447921
Activity	Group Mobility of School Pupils (GROUP-01)
Destination	
Duration	5 working days (excluding travel) (+2 days for traveling)
Number of student places	6 (3 from Key Stage 3 and from Key Stage 4 / 5)
Funding	Co-funded by the European Union through the Erasmus+ programme

Notes for Applicants

This educational visit is co-funded by the European Union through the Erasmus+ programme. It is designed to develop intercultural competence, language confidence, independence, and collaborative learning skills through a structured exchange with a partner school in France, Poland or Italy.

Selection is based on transparent and inclusive criteria. Priority consideration is given to students with fewer opportunities, including those supported by the TLC+ department and students from disadvantaged backgrounds. The Selection is done by the Erasmus Committee.

Please complete every section of this form, in clear handwriting or in typed form, and submit it together with the signed Parental/Guardian Consent (Section H) by the deadline communicated in the official call. Late or incomplete applications cannot be considered.

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Section A | Personal Information

Full legal name (as in passport)	
Date of birth (dd/mm/yyyy)	
Nationality	
Passport number / expiry	
Year group / Key Stage	
Form tutor	
Home address	
Student email	
Student mobile (if applicable)	

Section B | Parent / Guardian Contact

	Parent / Guardian 1	Parent / Guardian 2
Full name		
Relationship to student		
Mobile telephone		
Email		
Primary emergency contact (please tick)	<input type="checkbox"/>	<input type="checkbox"/>

Section C | Languages and International Experience

Please indicate your level for each language using the Common European Framework of Reference (CEFR): A1 / A2 (beginner), B1 / B2 (intermediate), C1 / C2 (advanced).

Language	Speaking	Writing	How / where learned
English			
French			
Greek			
Other (please specify)			

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Have you previously taken part in an educational visit, exchange, or extended trip abroad without your immediate family? If yes, please briefly describe (where, when, with whom):

Section D | Motivation

Your responses to this section are an important part of the selection. Please answer in your own words; we are interested in your genuine reasons and aspirations, not in long or polished answers.

D.1 Why do you want to take part in this educational visit to France? What do you most hope to learn or experience? (approximately 100–200 words)

D.2 How would you contribute to the group while you are abroad — for example, supporting other students, representing the school positively, taking part in joint activities? (approximately 80–150 words)

D.3 What would you like to share with peers, family or the wider TLC community when you return? (approximately 60–120 words)

Section E | Inclusion and Support Needs

Information provided in this section is treated in confidence and is used only to ensure that all students receive appropriate support before, during and after the mobility. Information given here will not be used to disadvantage your application - on the contrary, students with fewer opportunities are given priority consideration in selection.

E.1 Please indicate whether any of the following apply to you (tick all that apply):

- I receive support from the TLC+ department (SEN provision)
- I have a diagnosed learning difference (e.g. dyslexia, ADHD, ASD)
- I would describe my family as having limited financial resources
- I have not previously travelled abroad for an educational purpose without my immediate family
- I would like to discuss other personal circumstances in confidence with the TLC+ Coordinator
- None of the above

E.2 Do you have any medical condition, allergy, dietary requirement, or current medication that the accompanying staff would need to know about?

E.3 Do you require any reasonable adjustments, accommodations or additional support during the mobility (for example, related to learning, mobility, communication, or wellbeing)?

Section F | Conduct and Commitment

Selected students are ambassadors of TLC Private School. The following commitments are an essential part of selection. Please read carefully and tick each statement to confirm your agreement.

- I will attend all preparation sessions organised by the school before departure.
- I will respect the school's Code of Conduct at all times, including during travel, at the host school, and during free time.
- I will follow all instructions given by accompanying staff and by the host school, and will respect curfews, safeguarding rules, and any country-specific laws or customs.
- I will keep a reflective journal throughout the mobility and contribute actively to the joint collaborative project with our peers.
- I will participate in dissemination activities after my return (e.g. assembly, display, presentation), so that other students can benefit from what I have learned.
- I understand that misconduct may lead to my participation being terminated and my early return at my family's expense.

I confirm that the information given in this form is true and complete to the best of my knowledge. I have read and understood the activity description, and I am applying of my own free will.

Student's signature: _____

Print name: _____

Date: _____

Section H | Parental / Guardian Consent

To be completed and signed by a parent or legal guardian of the applicant.

I, the undersigned, parent / legal guardian of the student named on this form, confirm and consent to the following:

- I support my child's application to take part in the Erasmus+ educational visit to _____.
- I confirm that my child will be in possession of a valid passport and any travel documents required for travel to the host school.
- I confirm that I have disclosed in Section E any medical, dietary, learning, or personal information that the school should be aware of.
- I authorise the accompanying staff to seek emergency medical treatment for my child during the activity, if necessary and on the advice of qualified medical professionals.
- I will obtain (or have already obtained) the European Health Insurance Card (EHIC / GHIC) or equivalent for my child, and / or appropriate travel insurance as advised by the school.
- I authorise the school to use photographs and short video clips taken during the activity, and the work produced by my child during the project, for educational and dissemination purposes related to the Erasmus+ project (school website, social media, ESEP/eTwinning, internal communications), in accordance with the school's image rights policy.
- I have read and understood the school's privacy notice and the European Commission's privacy statement for Erasmus+ participants, and I consent to the processing of my child's personal data for the purposes of the project.

Parent / Guardian signature: _____

Print name: _____

Relationship: _____

Date: _____

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Section I | For School Use Only

Application reference number	
Date received	
Received by	
Form complete and signed	<input type="checkbox"/> Yes <input type="checkbox"/> No (return to applicant)
Selection panel decision	<input type="checkbox"/> Selected <input type="checkbox"/> Reserve list <input type="checkbox"/> Not selected
Date of decision	
Panel comments	
Signed (Chair of the Erasmus Committee)	

Please return this completed and signed form to the Erasmus Coordinator at TLC Private School by the deadline communicated in the call for expressions of interest. Forms may be submitted in person at the school reception, by email, or via the dedicated internal channel.

This activity is co-funded by the European Union through the Erasmus+ Programme. The content of this form reflects the views only of the school; the European Commission cannot be held responsible for any use which may be made of the information contained therein.