



EUROPASS MOBILITY

1. THIS EUROPASS MOBILITY DOCUMENT IS AWARDED TO

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(5)	Date of birth 11 02 2002 <small>dd mm yyyy</small>	(6)	Nationality Greek	(7)	Signature of the holder 

NB : Headings marked with an asterisk are mandatory.

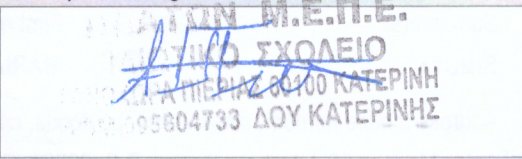
2. THIS EUROPASS MOBILITY DOCUMENT IS ISSUED BY

(8)(*)	Name of the issuing organisation PLATON schools		
(9)(*)	Europass Mobility number 2015-1-ES01-KA219-015945	(10)(*)	Issuing date 14 05 2016 <small>dd mm yyyy</small>


NB : Headings marked with an asterisk are mandatory.

3. THE PARTNER ORGANISATIONS OF THE EUROPASS MOBILITY EXPERIENCE (No) ARE

SENDING PARTNER (organisation initiating the mobility experience in the country of origin)

Name, type (if relevant faculty/department) and address		Stamp and/or signature	
(11) (*)	PLATON Schools MEPE Ganochora Pierias, P.C. 60100, Greece	(12) (*)	
Surname(s) and first name(s) of reference person/mentor (if relevant of ECTS departmental coordinator)		Title/position	
(13) (*)	Papadopoulos Anestis	(14)	Principal
Telephone		E-mail	
(15)	0030 23510 31111	(16)	mail@platon.edu.gr

HOST PARTNER (organisation receiving the holder of the Europass Mobility document in the host country)

Name, type (if relevant faculty/department) and address		Stamp and/or signature	
(17) (*)	SCOALA GIMNAZIALA Nr. 1 PERISORU Str. Parcului n° 8 Comuna Perisoru Calarasi Romania	(18) (*)	
Surname(s) and first name(s) of reference person/mentor (if relevant of ECTS departmental coordinator)		Title/position	
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NB : This table is not valid without the stamps of the two partner organisations and/or the signatures of the two reference persons/mentors. Headings marked with an asterisk are mandatory.

4. DESCRIPTION OF THE EUROPASS MOBILITY EXPERIENCE (No)

Objective of the Europass Mobility experience

(23) (*) Students international meeting

Initiative during which the Europass Mobility experience is completed, if applicable

(24) Secondary Education

Qualification (certificate, diploma or degree) to which the education or training leads, if any

(25) Others

Community or mobility programme involved, if any

(26) Erasmus+ KA201 (Strategic partnerships in school education field)

Duration of the Europass Mobility experience

(27) (*) From

09	05	2016
dd	mm	yyyy

 (28) (*) To

13	05	2016
dd	mm	yyyy

NB : Headings marked with an asterisk are mandatory.

5.A DESCRIPTION OF SKILLS AND COMPETENCES ACQUIRED DURING THE EUROPASS MOBILITY EXPERIENCE (NO)

Activities/tasks carried out

(29a)(*) CLIL lessons, workshops, discussions, surveying and interviewing local entrepreneurs.

Job-related skills and competences acquired

(30a) Team working, presentation skills, work under pressure.

Language skills and competences acquired (if not included under 'Job-related skills and competences')

(31a) Communicative skills.

Computer skills and competences acquired (if not included under 'Job-related skills and competences')

(32a) Working with internet resources: Google drive, blogger, Prezi, Powerpoint.

Organisational skills and competences acquired (if not included under 'Job-related skills and competences')

(33a) Leadership, decision making and time management skills.

Social skills and competences acquired (if not included under 'Job-related skills and competences')

(34a) Communicating with people from different cultures and back grounds. Working in a multicultural and multilinguistic environment.

Other skills and competences acquired

(35a)

Date

(36a)(*) 13 05 2016
dd mm yyyy

Signature of the reference person/mentor

(37a)(*) 

Signature of the holder

(38a)(*) 

NB : This table is not valid without the signatures of the reference person/mentor and of the holder of the Europass Mobility.
Headings marked with an asterisk are mandatory.