



Project part financed
by the European Union
Peace and Reconciliation Programme

NcompasS

APPLICATION FORM

Thematic Project 2007



First name and surname:	
Name of organisation:	
Project Ref No. (office use only)	
Name of Partner Organisation	



Acknowledgement of Receipt

This page will be returned to you when we have received and registered your application form. For this purpose, please complete the section below:

First name and surname	
Name of organisation:	
Organisation street name and number:	
Post code and town/city/county:	

Application to: Thematic Project. *NcompasS*

Reserved for the National Agency

We acknowledge receipt of your application.

Signature:

Stamp of the promoting organisation:

Date:

Registration number NC 2003

NcompasS

THEMATIC PROJECT APPLICATION FORM

PART ONE

Details of organisation

Number of youth workers / teachers

Number of young people / pupils

If you are a teacher, does your school have disadvantaged status?

Yes

No

Is your school / youth organisation in a socio-economically disadvantaged area?

Yes

No

If yes to either please describe nature of disadvantage:

Describe the range/no. of ethnic/ cultural/ religious backgrounds of the participants e.g. Irish traveller, foreign national, Catholic, Protestant etc.

Name of organisation			
Address			
Name of ELB (if appropriate):			
Tel	Fax	Email	
Principal/Head of organisation	Project Co-ordinator		

(School Sector only)

Nursery

Primary

Post Primary

Special

Details of partner organisation

Name of organisation			
Address			
Tel	Fax	Email	
Principal/Head of organisation	Project Co-ordinator		

Describe the range/no. of ethnic/ cultural/ religious backgrounds of the participants e.g. Irish traveller, foreign national, Catholic, Protestant etc.

(School Sector only) Nursery Primary Post Primary Special

Please give details of any other transnational and cross border projects/exchanges in which either organisation has been involved, e.g. Comenius, Lingua, Causeway Youth Programme Peace II etc.

Applicant organisation:
Partner organisation:

PART TWO

Project Details – to be completed in consultation with partner organisation.

If necessary, please provide additional information on separate pages.

Title for the NcompasS Thematic Project – *this must be an agreed shared title*

Please give details of the theme of the project

Give a brief summary of the project aims and objectives

Please indicate how your project will help promote Peace and Reconciliation.

What is the project timetable and workplan?

Month/Term	Activities planned	Projected outcomes

Do you plan to include meetings? Please give details of who will be involved.

Please give details of the programme of joint activities with dates and number of participants and young people involved

Applicant Organisation	
Dates of proposed visit	
Location of proposed visit	
No. of young people involved	
Age range of young people to be involved	
Number of staff involved	
Programme of joint activities for project	
Partner Organisation	
Dates of proposed visit	
Location of proposed visit	
No. of young people involved	
Age range of young people to be involved	
Number of staff involved	
Programme of joint activities for project	

What are the anticipated outcomes and products? [e.g. CD, Book, Website..]

How do you plan to evaluate the project?

How will you disseminate information or outcomes of the project? (e.g. newsletter to parents, article in the local paper)

Any additional relevant details in support of your application? Please include details of any external partners or organisations that will also be involved in the project.

PART 3

Estimated Project Budget – (Please complete the appropriate column)

i) Staff Mobility

Travel & Insurance
Accommodation
Subsistence

	<i>Total £</i>	<i>Total €</i>
Sub-total		

ii) Participant Mobility

Travel & Insurance
Accommodation
Subsistence

Sub-total		

iii) Project Costs

Project Materials
Admin Costs (Max £200 /€250)
Documentation
Others

Sub-total		

TOTAL (i+ii+iii)		
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PART 4

To be completed by both organisations

We confirm that the proposed project has been agreed with the partner organisation as detailed in this application

Signature of Principal/Head of Organisation	Signature of Principal/Head of organisation
Date:	Date:
Signature of Co-ordinator:	Signature of Co-ordinator:
Date:	Date:

Note: Faxed signatures from your partners are acceptable.

Return Addresses

Please return the completed application form to one of the addresses below

The deadline for projects to be undertaken between July – October 2007 will be 15th June 2007

(Check website www.ncompass.org for further details)

For Northern Ireland

Maire Ni Threasaigh
The Ncompass Co-ordinator
The British Council
Norwich Union House
7 Fountain Street
Belfast BT1 5EG
Northern Ireland

Maire.nithreasaigh@britishcouncil.org
Tel: 028 9024 8220 Ext 246

For Border Counties

Eva Creely
The Ncompass Co-ordinator
Léargas
189 – 193 Parnell Street
Dublin 1
Ireland

ecreely@leargas.ie
Tel: 00353 1 887 1235

Information is also available at any of the following websites:

www.ycni.org

www.leargas.ie

www.britishcouncil.org/nireland