



## NOMINATION OF PARTICIPANTS / *NOMINATION DE PARTICIPANTS*

Country / *Pays* : IRELAND

Workshop / *atelier* 7/2009

11 – 12 September / *septembre* 2008

1.

First names / *prénoms*: Lisa

Surname / *nom*: Fox

Form of address / *titre* :  Ms / *Mme*     Mr / *M.*

Address for correspondence / *Adresse à utiliser pour la correspondance* :

Lisa Fox  
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Léargas,  
189-193 Parnell Street,  
Dublin 1.  
Tel: 01 873 1411  
Fax: 01 873 1316  
email: lfox@leargas.ie

2. Preferred working language / *Langue de travail préférée* :

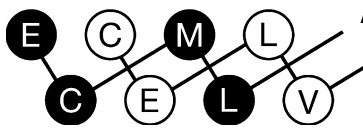
Your CEFR level (see the global scale) / *Votre niveau CECR (à voir l'échelle globale)* :  
*ENGLISH C2*

Command of other workshop language / *maîtrise de l'autre langue de l'atelier* :

CEFR level (see the global scale) / *Votre niveau CECR (à voir l'échelle globale)* :  
*FRENCH B1*

3. Professional background / *Parcours professionnel* : Project Officer for Comenius in Irish National Agency and national contact point for ECML





EUROPEAN CENTRE FOR MODERN LANGUAGES  
CENTRE EUROPEEN POUR LES LANGUES VIVANTES

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Nikolaiplatz 4, A-8020 Graz, Tel.: +43-316-323554, Fax: +43-316-323554-4, e-mail: nomination@ecml.at

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4. Experiences and expertise (please highlight the ones which are required in the participants' profile of the event) / *Expertise et expérience (veuillez souligner celles requises dans le profil des participants à l'événement)*

Responsible for the management of Comenius School Partnerships and Comenius Assistantships for the Irish National Agency. Responsible for the administration of the European Award for Languages-the Language Label and European Day of Languages activities for Ireland. Contact point for ECML – responsible for dissemination and promotion of ECML activities.

5. Multiplier's capacity / *capacité de démultiplication:*

Contact point for ECML – responsible for dissemination and promotion of ECML activities.



