**Partner Identification Form & Information**

**SEND TO: politiche.comunitarie@comune.ancona.it**

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| --- | --- |
| Organisation Name \* |  |
| Organisation ID \* |  |
| PIC number |  |
| Country  |  |
| Type of Organisation \* |  |

**Legal Representative – MANDATORY**

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| --- | --- |
| Title  |  |
| Position  |  |
| Last name \* |  |
| First Name \* |  |
| Telephone \* |  |
| Email Address \* |  |

**Primary Contact**

|  |  |
| --- | --- |
| Title  |  |
| Position  |  |
| Last name \* |  |
| First Name \* |  |
| Telephone \* |  |
| Email Address \* |  |

**Background and Experience**

Please briefly present the organisation (e.g. its type, scope of work, areas of activity and if applicable, approximate number of paid/unpaid staff, learners).\* Max 4000 characters

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What are the activities and experience of the organisation in the areas relevant for this project? What are the skills and/or expertise of key persons involved in this project?\*Max 4000 characters

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Newcomer organisation?

☐YES ☐ NO

Less experienced organisation?

☐YES ☐NO

Would you like to make any comments or add any information to the summary of your organisation’s past participation? Max 3000 characters

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**Information for the Application form**

Please, briefly described your previous project in the field of sport, youth, social inclusion, intergenerational activities

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