* 1. **Youth Exchange “ The key to success”**

Please fill below:

1. **IDENTIFICATION OF THE PROMOTER**

|  |  |
| --- | --- |
| 1. **PROMOTER**   Legal name of sending organization |  |
| Legal name of sending organization (in own language) |  |
| Acronym, if applicable |  |
| National ID number, if applicable |  |
| Department, if applicable |  |
| Complete legal address, postal code, city, country, region, website, e-mail, phone and fax number of sending organization |  |
| **II.LEGAL REPRESENTATIVE**  Name and surname of legal representative of sending organization |  |
| Position of legal representative in sending organization |  |
| Phone number, fax number, e-mail and complete address |  |
| **III.LEADER OF THE GROUP (CONTACT PERSON)**  Name and surname of authorized person to represent sending organization in project |  |
| Position of authorized person to represent sending organization in project in organization |  |
| E-mail , phone and fax number of authorized person to represent sending organization in project |  |

1. **PROFILE OF THE PROMOTER**

|  |  |  |  |
| --- | --- | --- | --- |
| Status ( public or private) | |  | |
| Type of sending organization (non profit NGO, European youth in action active organism or informal group of young people) | |  | |
| Level of activity of sending organization (local, regional, national, European or international) | |  | |
| Objectives and activities of sending organization (a short description of sending organization like members, activities) in general and related to the theme of the project | |  | |
| A short description of sending organization’s role in the project | |  | |
| Please give information about any type of Community grant your organisation/group has received/applied for in the same financial  year. | |  | |
| **Programme or Initiative** | **Identification/contract number** | **Contracting promoter** | **Title of the project** |
|  |  |  |  |

**Please specify if any of the members of your group qualify as young people with fewer opportunities as specified below (one person per group is recommended**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and surname** | **Country** | **Email, address** | **Category of fewer opportunity** | **Details regarding mentioned difficulty** |
|  |  |  | □ Educational difficulty  **□** Social obstacles  □ Cultural differences  □ Economic obstacles  □ Disability  □ Health problems  □ Geographical obstacles  □ Others, please specify |  |