**ERASMUS+ PARTNER IDENTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **A. PARTNER ORGANISATION** | | | |
| PIC | | |  |
| Full legal name (National Language) | | |  |
| Full legal name (Latin characters) | | |  |
| Acronym | | |  |
| National ID (if applicable) | | |  |
| Department (if applicable) | | |  |
| Address (Street and number) | | |  |
| Country | | |  |
| Region | | |  |
| P.O. Box | | |  |
| Post Code | | |  |
| CEDEX | | |  |
| City | | |  |
| Website | | |  |
| Email | | |  |
| Telephone 1 | | |  |
| Telephone 2 | | |  |
| Fax | | |  |
| **B. PROFILE** | | | |
| Type of Organisation | | |  |
| Is the partner organisation a public body? | | |  |
| Is the partner organisation a non-profit? | | |  |
| **C. ACCREDITATION** | | | |
| Has the organisation received any type of accreditation before submitting this application? | | | If yes please mention the:   * Accreditation Type * Accreditation Reference |
| Has the organisation received/applied for any EU grants? | | | If yes please mention the: EU Programme, Year, Project Identification or Contract Number, Applicant/Beneficiary Name |
| **D. BACKGROUND AND EXPERIENCE** | | | |
| Please briefly present the partner organisation. |  | | |
| What are the activities and experience of the organisation in the areas relevant for this application? |  | | |
| What are the skills and expertise of key staff/persons involved in this application? |  | | |
| **E. LEGAL REPRESENTATIVE** | | | |
| Title |  | | |
| Gender |  | | |
| First Name |  | | |
| Family Name |  | | |
| Department |  | | |
| Position |  | | |
| Email |  | | |
| Telephone 1 |  | | |
| Address |  | | |
| Country |  | | |
| Region |  | | |
| P.O. Box |  | | |
| Post Code |  | | |
| CEDEX |  | | |
| City |  | | |
| Telephone 2 |  | | |
|  | | | |
| **CONTACT PERSON** | | | |
| Title |  | | |
| Gender |  | | |
| First Name |  | | |
| Family Name |  | | |
| Department |  | | |
| Position |  | | |
| Email |  | | |
| Telephone 1 |  | | |
| Address |  | | |
| Country |  | | |
| Region |  | | |
| P.O. Box |  | | |
| Post Code |  | | |
| CEDEX |  | | |
| City |  | | |
| Telephone 2 |  | | |
| **European Development Plan** | | | |
| What experiences and competences will your organisation bring in the project? | |  | |
| **Participants' Profile** | | | |
| Please describe the background and needs of the participants involved and how these participants have been or will be selected. | |  | |
| **Follow-up** | | | |
| Which activities will you carry out in order to share the results of the project outside your organisation and partners? What will be the target groups of your dissemination activities? | |  | |