PARTNERSHIP FORM

|  |  |
| --- | --- |
| Organisation’s name |  |
| PIC code |  |
| Legal representative's name |  |
| Legal representative's gender |  |
| Legal representative's first name |  |
| Legal representative's last name |  |
| Legal representative's position |  |
| Legal representative's E-mail |  |
| Legal representative's Phone number |  |

**Please briefly present the partner organisation (500 words max.)**

**Activities and experience in areas relevant for this application (500 words max.)**

**Skills and expertise of key staff involved in this application (500 words max.)**