

**PIC number:**

**PROJECT TITLE:   
ACTION:   
  
WHAT LANGUAGE YOU SPEAK WELL?**

|  |  |
| --- | --- |
| Full legal name |  |
| Full legal name (English) |  |
| Acronym |  |
| Address |  |
| City |  |
| Country |  |
| Region |  |
| Email |  |
| Web site |  |
| N° Reg. |  |

|  |  |
| --- | --- |
| Type of Organization |  |
| Is the partner org. a public body? |  |
| Is the partner org. a non-profit? |  |
| Activity level |  |
| Has the organization received any type of accreditation before submitting this application? |  |
| Description of the organization |  |

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| --- | --- | --- | --- | --- | --- |
| EU Programme | | Year | | Project Identification or Contract  Number | Applicant/Beneficiary Name |
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|  | |  | |  |  |
|  | |  | |  |  |
| Legal Representative | |  | | | |
| Title, Family Name | |  | | | |
| First Name | |  | | | |
| Position | |  | | | |
| Email | |  | | | |
| Telephone | |  | | | |
| Adress | |  | | | |

|  |  |
| --- | --- |
| Contact |  |
| Title, Family Name |  |
| First Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Adress |  |

**Please briefly present the partner organisation.**

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**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?**

**Please provide general information on the age of participants. And, Please describe the background and needs of the participants involved and how these participants have been or will be selected.**