Partner Organisation

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Full legal name (National Language)

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Full legal name (Latin characters)

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Acronym

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National ID (if applicable)

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Department (if applicable)

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Address

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Country

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Region

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P.O. Box

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Post Code

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CEDEX

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City

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Website

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Email

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Telephone 1

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Telephone 2

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Fax

Profile

Type of Organisation

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Is the partner organization a public body?

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Is the partner organization a non-profit?

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| Has the organization received any kind of accreditation before submitting this application? | No |
| Yes |

Please indicate:

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| --- | --- |
| Accreditation type | Accreditation reference |
|  |  |

Background and Experience

Please briefly the partner organization

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What are the activities and experience of the organization in the areas relevant for this application?

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What are the skills and expertise of key staff/person involved in this application?

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Legal Representative

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Title

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Gender

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First Name

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Family Name

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Department

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Position

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Email

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Telephone 1

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If the address is different from the one of organization, please tick this box

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Address

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Country

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Region

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P.O. Box

Post Code

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Post Code

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CEDEX

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City

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Telephone 2