

Full legal name	
Address	
City	
Country	
Region	
Email	
<b>PIC NUMBER</b>	
<b>EVS Accreditation N° and type (S/H/C)</b>	

Type of Organization	
Is the partner org. a public body?	
Is the partner org. a non-profit?	

Legal Representative	
Title, Family Name	
First Name	
Position	
Email	
Telephone	
Address	

### **Questions for the application form**

#### **1. Briefly describe the partner organization**

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#### **2. What are the activities and experience of the organization in areas relevant for this application?**

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#### **3. What are the skills and experience of staff in your organization involved in this application?**

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