**Partnership application for project**

**“European Youth Work Academy”**

To be submitted on e-mail:

[partnership@cetplatform.org](mailto:partnership@cetplatform.org)

by 01/03/2015

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| --- | --- | --- | --- | --- |
| PIC number: |  | | Country: |  |
| Name of Organisation: |  | | | |
| E-mail of Organisation: |  | | | |
| Website of Organisation: |  | | | |
| Facebook page: |  | | | |
| Twitter username: |  | | | |
| Legal representative: | | | | |
| Name | |  | | |
| Gender | |  | | |
| First name | |  | | |
| Last name | |  | | |
| Position | |  | | |
| E-mail | |  | | |
| Telephone 1 | |  | | |
| Address | |  | | |
| Country | |  | | |
| Region | |  | | |
| P.O. Box | |  | | |
| Post Code | |  | | |
| City | |  | | |
| Telephone 2 | |  | | |
| Contact person (if same as Legal representative leave empty) | | | | |
| Name | |  | | |
| Gender | |  | | |
| First name | |  | | |
| Last name | |  | | |
| Position | |  | | |
| E-mail | |  | | |
| Telephone 1 | |  | | |
| Address | |  | | |
| Country | |  | | |
| Region | |  | | |
| P.O. Box | |  | | |
| Post Code | |  | | |
| City | |  | | |
| Telephone 2 | |  | | |
| Profile and experience of partner organisation | | | | |
| Please briefly present the partner organisation. What are your goals and objectives, target group, activities? How many members do you have? What are activates of your organisation? Why do you want to participate in European Youth Work Academy? (500 words max.) | | | | |
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| Activities and experience in areas relevant to youth work, work with trainers and leaders, education of youth workers, etc. (500 words max.) | | | | |
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| Skills and expertise of key staff that will contribute to the project application: (500 words max.) | | | | |
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| How do you plan to select participants? And how you will ensure gender balance? (Each partner will send 1 or 2 participants on each of 3 activities: training of managers, training of leaders and YE organizers and ToT) | | | | |
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| Will you involve any participants with fewer opportunities? If yes, which and how you will support them to help them participating in the project? | | | | |
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| How you can contribute to dissemination of project results and visibility of the project? | | | | |
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| What follow up activities you can organize after the project and how you plan to use skills and knowledge that your participants will gain during the project? | | | | |
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| Please provide translation of name of the project “European Youth Work Academy” in your language: | | | | |
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| Any other comment or information that may be relevant to the project application: | | | | |
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| Date when application was fulfilled: |  |
| Name of person that fulfilled application: |  |

Selected partner organisations will be provided with partnership forms (Mandates, etc.) and other relevant documents once EACEA publish it.