|  |
| --- |
| **C.2. Partner Organisation** |
| **PIC** |  |
| **C.2.2. Accreditation** |
| **Accreditation Type** | select your 🠛 |
| Accreditation for EVS under Youth in Action (LLP-EVS-CHARTER) |  |
| Accreditation of Youth Volunteering Organisations (ERAPLUS-EVS-CHARTER) |  |
| **Accreditation Reference** |
|  |
| **C.2.3. Background and Experience** |
| **Please briefly present the partner organisation.** |
|  |
| **What are the activities and experience of the organisation in the areas relevant for this application?** |
|  |
| **Please give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project.** |
|  |
| **C.2.4. Legal Representative** |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| **C.2.5. Contact Person** |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |