|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  | | |