PARTNER APPLICATION FORM

ORGANISATION INFORMATION

Full name of the organisation

PIC

PAST ACCREDITATIONS

Type

Reference number

LEGAL REPRESENTETIVE

Name

Last name

Position

E-mail

Phone number

CONTACT PERSON

Name

Last name

Position

E-mail

Phone number

How many volunteers would you like to send? Two / four

Please briefly present your organisation.

What are the experiences of your organisation relevant to this project?

Please state the experiences of the key staff connected to this project, relevant to this project.

How will your volunteers be selected?