**PARTNER IDENTIFICATION FORM**

**Training course “Youth Citizenship Activators”**

**Please send in word file. Do not convert to other format as PDF, JPG, etc. Similar forms with general answers will not be taken into consideration!**

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| **PIC number:** |  |
| Full name of the organisation: |  |
| Type of organization (eg. NGO, local or regional public body etc): |  |
| Please fulfill following information about legal representative/contact person | |
| Gender: |  |
| Family name: |  |
| First name: |  |
| Role in the organisation: |  |
| E-mail address: |  |
| Telephone number: | + |
| Address of legal representative/contact person | |
| Street name and number (personal address): |  |
| Postcode: |  |
| Town: |  |
| Country: |  |
| Region: |  |
| Telephone 1: |  |
| Telephone 2: |  |
| Fax: |  |

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| *Please provide a short presentation of your organisation (key activities, affiliations, size of the organisation, etc.) relating to the area covered by the project (max 2000 characters).* |
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| *Please explain how the project proposal fits within the objectives of your organisation and situation in your country (max 1000 characters):* |
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| *Why you as partners are best suited to participate in this European project? Describe your innovative and/or complementary skills, expertise and competences directly relating to the planned project activities (max 1000 characters):* |
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