**Name of your organisation**

Partner Identification Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BACKGROUND AND EXPERIENCE** | | | | |
| **Please briefly present the partner organization.** | | | | |
|  | | | | |
| What are the activities and experience of the organisation in the areas **relevant for this application? What is the motivation of your organisation to get involved in this project?** | | | | |
|  | | | | |
| What are the skills and expertise of key staff/persons involved **in this application? Provide information about concrete persons (with their background and experience) who are going to be involved in this project.** | | | | |
|  | | | | |
| 1. **LEGAL REPRESENTATIVE and CONTACT PERSON** | | | | |
| Title |  | | | |
| Gender |  | | | |
| First Name |  | | | |
| Family Name |  | | | |
| Department |  | | | |
| Position |  | | | |
| Email |  | | | |
| Telephone 1 |  | | | |
| **DETAILS ABOUT THE PARTNER ORGANISATION** | | | | |
| PIC | | | |  |
| Full legal name (National Language) | | | |  |
| Full legal name (Latin characters) | | | |  |
| Acronym | | | |  |
| National ID (if applicable) | | | |  |
| Department (if applicable) | | | |  |
| Address (Street and number) | | | |  |
| Country | | | |  |
| Region | | | |  |
| P.O. Box | | | |  |
| Post Code | | | |  |
| CEDEX | | | |  |
| City | | | |  |
| Website | | | |  |
| Email | | | |  |
| Telephone 1 | | | |  |
| Telephone 2 | | | |  |
| Fax | | | |  |
| 1. **PROFILE** | | | | |
| Type of Organisation | | |  | |
| Is the partner organisation a public body? | | |  | |
| Is the partner organisation a non-profit? | | |  | |
| 1. **ACCREDITATION** | | | | |
| Has the organisation received any type of accreditation before submitting this application? | |  | | |
| Has the organisation received/applied for any EU grants? | |  | | |