**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? |  |