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| --- | --- | --- | --- | --- |
| **Partner organisation** | | | | |
|  | | | |
| PIC | |  | | |
|  | |  | |
| Full legal name (National Language) | |  | | |
|  | |  | |
| Full legal name (Latin characters) | |  | | |
|  | |  | |
| Acronym | |  | | |
|  | |  | |
| National ID (if applicable) | |  | | |
|  | |  | |
| Department (if applicable) | |  | | |
|  | |  | |
| Address | |  | | |
|  | |  | |
| Country | |  | | |
|  | |  | |
| Region | |  | | |
|  | |  | |
| P.O. Box | |  | | |
|  | |  | |
| Post code | |  | | |
|  | |  | |
| CEDEX (only for France) | |  | | |
|  | |  | |
| City | |  | | |
|  | |  | |
| Website | |  | | |
|  | |  | |
| Email | |  | | |
|  | |  | |
| Telephone 1 | |  | | |
|  | |  | |
| Telephone 2 | |  | | |
|  | |  | |
| Fax | |  | | |
|  | |  | |
|  | |  | |
| **Profile** | | | | |
|  | | | |
| Type of organization | |  | | |
|  | |  | |
| Is the partner organization a public body? | |  | | |
|  | |  | |
| Is the partner organization a non-profit? | |  | | |
|  | |  | |
|  | |  | |
| **Accreditation** | | | | |
|  | | | |
| Has the organization received any type of accreditation before submitting this application? | | | |
|  | | | |
| Accreditation type | | | Accreditation reference | |
|  | | |  | |
|  | | |  |
| **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? | | | |
|  | | | | |
| What are the skills and expertise of key staff/persons involved in this application? | | | |
| |  | | --- | |  |   Why are you interested in taking part in this training? What is a need of your organisation in the area related to the subject of the training? | | | |
|  | | | | |
|  | |  | |
| **Legal representative** | | | | |
|  | | | |
| Title | |  | | |
|  | |  | |
| Gender | |  | | |
|  | |  | |
| First name | |  | | |
|  | |  | |
| Family name | |  | | |
|  | |  | |
| Department | |  | | |
|  | |  | |
| Position | |  | | |
|  | |  | |
| Email | |  | | |
|  | |  | |
| Telephone 1 | |  | | |
|  | |  | |
| If the address is different from the one of the organization, please tick this box | | | | |
|  |  | | |
| Address | |  | | |
|  | |  | |
| Country | |  | | |
|  | |  | |
| Region | |  | | |
|  | |  | |
| P.O. Box | |  | | |
|  | |  | |
| Post Code | |  | | |
|  | |  | |
| CEDEX (only for France) | |  | | |
|  | |  | |
| City | |  | | |
|  | |  | |
| Telephone 2 | |  | | |

|  |  |
| --- | --- |
|  |  |
| **Contact person** | | |
|  | |
| Title |  | |
|  |  |
| Gender |  | |
|  |  |
| First name |  | |
|  |  |
| Family name |  | |
|  |  |
| Department |  | |
|  |  |
| Position |  | |
|  |  |
| Email |  | |
|  |  |
| Telephone 1 |  | |
|  |  |

Number of participants:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants from disadvantage background . Please describe category in which they can fall

* Social disadvantage
* From rural area
* Migrants/ refugees

**Have you applied for/received a grant from any European Union programme in the 12 months preceding this application?**

|  |  |  |  |
| --- | --- | --- | --- |
| EU Programme | Year | Project identification or contract number | Applicant/Beneficiary Name |
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