**Partner Identification**

|  |  |
| --- | --- |
| PIC |  |
| Organisation full legal name (national language) |  |
| Organisation full legal name (latin characters) |  |
| Type of organisation |  |
| Acronym |  |
| National ID (if applicable) |  |
| Department (ifapplicable) |  |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post code |  |
| Legal status |  |
| CEDEX |  |
| City |  |
| Website |  |
| Email |  |
| Telephone 1 |  |
| Telephone 2 |  |
| Fax |  |

**PROFILE**

|  |  |
| --- | --- |
| Type of Organisation |  |
| Is the partner organisation a public body? |  |
| Is the partner organisation a non-profit? |  |
|  |  |

**ACCREDITATION**

Has the partner organisation received any type of accreditation before submitting this application?

|  |  |
| --- | --- |
| Accreditation type | Accreditation reference |
|  |  |

**BACKGROUND AND EXPERIENCE**

Please briefly present the partner organisation (e.g. its type, size, scope of work, areas of specific expertise, specific social context and, if relevant, the quality system used).

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|  |

What are the activities and experience of your organisation in the areas relevant for this project? What are the skills and/or expertise of key persons involved in this project?

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|  |

What are the skills and/or expertise of key persons involved in this project?

|  |
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|  |

**LEGAL REPRESENTATIVE**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| Is the same address above indicated? |  |
| If not, address |  |
| Country |  |
| Region  |  |
| P.O. Box |  |
| Post code |  |
| Legal status |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

**CONTACT PERSON**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| Is the same address above indicated? |  |
| If not, address |  |
| Country |  |
| Region  |  |
| P.O. Box |  |
| Post code |  |
| Legal status |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

**TRAVEL COSTS**

|  |  |
| --- | --- |
| Country of Origin (departure city |  |
| Country of Destination |  |
| Distanceband |  |

**For the distance band choose one of the following:**

