**Partner ID form - sending**

Contact making seminar

Il faudra trouver un nom “Volyoungteers, young travelers, …. »

Belgium – 13th – 17th February 2017

Please note that further information will be requested if you become partner of the project.

Please note that the entire seminar will be organized in English and no translation will be ensured.

Please send us back this form **before the 15th of August 2016 at** **cms.dynamo.international@gmail.com**

|  |
| --- |
| 1. **PARTNER ORGANISATION**
 |
| Name |  |
| PIC |  |
| 1. **BACKGROUND AND EXPERIENCE**
 |
| Please briefly present your organization (eg. its type, size, scope of work, areas of expertise, specific social context) |   |
| Please describe in details your target group and the problems they face. |  |
| Has your organization experience in hosting or sending international mobility volunteers with fewer opportunities abroad? |  |
| Has your organization experience in hosting or sending international mobility minors volunteers abroad? |  |
| What are the skills, qualifications and expertise of key staff/persons involved in this application? |   |
| Have you participated in a European Union Granted project the year preceding this application? |  |
| 1. **LEGAL REPRESENTATIVE**
 |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| 1. **CONTACT PERSON 1**
 |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |
| 1. **CONTACT PERSON 2**
 |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |
| 1. **ORGANISATIONAL DETAILS**
 |

How many workers your organization would send to this Seminar?

🞏 1

🞏 2