PARTNER PROFILE

**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 |  |
| City |  |
| Website |  |
| Email |  |
| Telephone 1 |  |
| Telephone 2 |  |
| Fax |  |

**PROFILE**

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

**ACCREDITATION**

Has the organisation received any type of accreditation before submitting this application? No

|  |  |
| --- | --- |
| 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?

|  |  |
| --- | --- |
| **Name of staff member** | *Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the project.* |
|  |  |
|  |  |
|  |  |
|  |  |

**LEGAL REPRESENTATIVE**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| If the address is different from the one of the organisation, please tick this box ☐ | |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

**CONTACT PERSON**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| If the address is different from the one of the organisation, please tick this box ☐ | |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme or initiative** | **Reference number** | **Beneficiary Organisation** | **Title of the Project** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |