Partner Information Form

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| --- | --- |
| Legal name of your organisation (national language) |  |
| Legal name of your organisation (latin characters) |  |
| Acronym, if applicable |  |
| PIC number |  |
| Legal address |  |
| Postal code |  |
| City |  |
| Country |  |
| Region |  |
| Web site |  |
| Email |  |
| Telephone |  |
| Fax |  |
| **Person authorised to legally commit the promoter (legal representative)** |
| Title |  |
| Family name |  |
| First name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Fax |  |
| **Person responsible for the implementation of the action (contact person)** |
|  Title |  |
| Family name |  |
| First name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Fax |  |
| **Background and experience** |
| Type of Organization |  |
| Is the partner organization a public body? |  |
| Is the partner organization a non-profit? |  |
| Has the organization received any type of accreditation before submitting this application? |  |
| Accreditation Type  |  |
| Accreditation Reference |  |
| Please briefly present your organization(Please focus on **European Voluntary Service- EVS**) |  |
| What are the activities and experience of the organization in the areas relevant for this application? (Please focus on **EVS** and of course refer to your youth projects in general). |  |
| What are the skills and expertise of key staff/persons involved in this application?(Please focus on **EVS**) |  |
| What are the needs of your organisation and your members that make you want to take part in an EVS project? How is this project going to benefit your organisation and what is it going to offer to your participants. |  |