## FUNDATIA IKAROS PARTNER DATA FORM

## KA-2 ERASMUS+ STRATEGIC PARTNERSHIP IN THE FIELD OF YOUTH

## Cooperation for innovation and the exchange of good practices

Project title:“YOUth are changing the NEETs!”

## Deadline: October 4th 2016

## Deadline for the expression of interest: 09 September 2016

## Please forward the completed document to Diana Luka at: [dianaluka@gmail.com](mailto:dianaluka@gmail.com) and [office@fundatiaikaros.org](mailto:office@fundatiaikaros.org)

**Partner Institution**

|  |  |
| --- | --- |
| **PIC Number** |  |
| Full legal name (National Language): |  |
| Full legal name (English): |  |
| Acronym: |  |
| National ID (if applicable): |  |
| **Department (if applicable):** |  |
| Address: |  |
| Post Code : |  |
| City: |  |
| Region: |  |
| Country: |  |
| P.O. Box : |  |
| Website: |  |
| Email: |  |
| Telephone 1: |  |
| Telephone 2: |  |
| Fax: |  |

**Profile**

|  |  |
| --- | --- |
| Type of Organisation |  |
| Is the partner organisation a public body? | YES / NO |
| Is the partner organisation a No- Profit Organisation? | FOR PROFIT / NOT FOR PROFIT |

**Please briefly present your organisation (its type, size, scope of work, areas of specific expertise, specific social context etc.).**

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**What is your experience in working with NEETs and young people coming from the social protection system? (Please describe.)**

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**What are other activities and experience of your organisation in the areas relevant for the “YOUth are changing the NEETs!” project?**

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**What are the good practices, tools and methods in working with NEETs and young people coming from the social protection system that you might share with the partners in this project?**

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**What are the skills and/or expertise of key persons involved in this project? What unique knowledge/ expertise could they contribute to the “YOUth are changing the NEETs!”project?**

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**Participation in EU projects**

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| --- | --- | --- | --- | --- |
| EU Programme | Year | Project title and Number | Coordinator | Brief description (Main objectives, activities, results) |
|  |  |  |  |  |

**Legal representative**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1: |  |

**Contact person:**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1: |  |

**Comments:**

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