**PARTNER INFO FORM**

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| **Partner Organisation** |
| PIC number |  |
| Full legal name |  |
| Acronym |  |
| National ID (if applicable) |  |
| Department (if applicable) |  |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| City |  |
| Website |  |
| E-mail |  |
| Telephone 1 |  |
| Fax |  |
| Type of organisation |  |
| Is the partner organisation a public body? |  |
| Is the partner organisation a non-profit? |  |

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| **Please briefly present your organisation. (max. 5000 characters)** |
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| **What are the activities and experience of your organisation in the areas relevant for this application? (max. 5000 characters)** |
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| **Please give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project. (max. 5000 characters)** |
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| **Have you applied for/received a grant from any European Union programme in the 12 months preceding this application? *Add rows if necessary.*** |
| **Programme** | **Year** | **Project ID** | **Project Title** | **Content** | **Applicant / Beneficiary name** |
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| **Legal Representative** |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |

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| --- |
| **Contact Person** |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |
| Skype name |  |