|  |
| --- |
| **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 (only for France) |  |
|  |  |
| City |  |
|  |  |
| Website |  |
|  |  |
| Email |  |
|  |  |
| Telephone 1 |  |
|  |  |
| Telephone 2 |  |
|  |  |
| Fax |  |
|  |  |
|  |  |
| **Profile**  |
|  |
| Type of organization |  |
|  |  |
| Is the partner organization a public body? |  |
|  |  |
| Is the partner organization a non-profit? |  |
|  |  |
|  |  |
| **Accreditation**  |
|  |
| Has the organization received any type of accreditation before submitting this application? |
|  |
| 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? |
|

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|  |

Why are you interested in taking part in this training? What is a need of your organisation in the area related to the subject of the training? |
|  |
|  |  |
| **Legal representative** |
|  |
| Title |  |
|  |  |
| Gender |  |
|  |  |
| First name |  |
|  |  |
| Family name |  |
|  |  |
| Department |  |
|  |  |
| Position |  |
|  |  |
| Email |  |
|  |  |
| Telephone 1 |  |
|  |  |
| [ ]  If the address is different from the one of the organization, please tick this box |
|  |  |
| Address |  |
|  |  |
| Country |  |
|  |  |
| Region |  |
|  |  |
| P.O. Box |  |
|  |  |
| Post Code |  |
|  |  |
| CEDEX (only for France) |  |
|  |  |
| City |  |
|  |  |
| Telephone 2 |  |

|  |  |
| --- | --- |
|  |  |
| **Contact person** |
|  |
| Title |  |
|  |  |
| Gender |  |
|  |  |
| First name |  |
|  |  |
| Family name |  |
|  |  |
| Department |  |
|  |  |
| Position |  |
|  |  |
| Email |  |
|  |  |
| Telephone 1 |  |
|  |  |

**Number of participants you would like to send to** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you applied for/received a grant from any European Union programme in the 12 months preceding this application?**

|  |  |  |  |
| --- | --- | --- | --- |
| EU Programme | Year | Type of the project ( training, youth exchange, etc) | Applicant/Beneficiary Name |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |