**Alternative Learning: Movies**

**ORGANIZATION PROFILE**

**Organization Name**

**Type of organization (eg. NGO, public body)**

Ti

**1. Information about your organization**

**EVS Accreditation number**

**PIC Number**

**Legal representative person**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title (Mr./Mrs.): | | |  | | | | | | | |
| Gender (Male/female): | | | |  | | | | | | |
| Name: |  | | | | | | | | | |
| Family name: | |  | | | | | | | | |
| Department: | |  | | | | | | | | |
| Position: | |  | | | | | | | | |
| Email: | |  | | | | | | | | |
| Telephone 1: | |  | | | | | | | | |
|  | |  | | | | | | | | |
| **Same address of theorganization?** | | | | | Yes |  |  | No |  |  |
| ***If not, please fill the following cells:*** | | | | | | | | | | |
| Address: | |  | | | | | | | | |
| Country: | |  | | | | | | | | |
| Región: | |  | | | | | | | | |
| PO BOX: | |  | | | | | | | | |
| Zip code: | |  | | | | | | | | |
| City: | |  | | | | | | | | |
| Telephone 2: | |  | | | | | | | | |

**2. Please briefly describe your organization. Include information about your key staff, area of experience and a short profile of the youngsters that you are working with.**

**3. Please describe how your organization will contribute to the project. Who you will appoint as a contact person and what are his/her skills and experience (if any) in youth work and international mobillities?**

Thank you for your information!