**Alternative Learning: Movies**

**ORGANIZATION PROFILE**

**Organization Name**

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

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**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!