**Partnership application for project**

**“Don’t Blow It – Clean Planets Are Hard To Find”**

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| --- | --- | --- | --- | --- |
| PIC number: |  | | Country: |  |
| Name of Organisation: |  | | | |
| E-mail of Organisation: |  | | | |
| Website of Organisation: |  | | | |
| Facebook page: |  | | | |
| Twitter username: |  | | | |
| Legal representative: | | | | |
| Name | |  | | |
| Gender | |  | | |
| First name | |  | | |
| Last name | |  | | |
| Position | |  | | |
| E-mail | |  | | |
| Telephone 1 | |  | | |
| Address | |  | | |
| Country | |  | | |
| Region | |  | | |
| P.O. Box | |  | | |
| Post Code | |  | | |
| City | |  | | |
| Telephone 2 | |  | | |
| Contact person (if same as Legal representative leave empty) | | | | |
| Name | |  | | |
| Gender | |  | | |
| First name | |  | | |
| Last name | |  | | |
| Position | |  | | |
| E-mail | |  | | |
| Telephone 1 | |  | | |
| Address | |  | | |
| Country | |  | | |
| Region | |  | | |
| P.O. Box | |  | | |
| Post Code | |  | | |
| City | |  | | |
| Telephone 2 | |  | | |
| Profile and experience of partner organisation | | | | |
|  | | | | |
|  | | | | |
| Have you received any type of accreditation before submitting this application? | | | | |
|  | | | | |
| What are the activities and experience of your organization in the areas relevant for this application? | | | | |
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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 | | | | |
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| Have you applied for/received a grant from any European Union programme in the 12 months preceding this application? (Yes/No) | | | | |
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| How do you plan to select participants? And how you will ensure gender balance? (Each partner will send 4 participants+1 leader) | | | | |
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| How you can contribute to dissemination of project results and visibility of the project? | | | | |
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| What follow up activities you can organize after the project and how you plan to use skills and knowledge that your participants will gain during the project? | | | | |
|  | | | | |
| Any other comment or information that may be relevant to the project application: | | | | |
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| Date when application was fulfilled: |  |
| Name of person that fulfilled application: |  |