Our Urban Habitat

Please send this form back to [projects@be-enriched.org](mailto:projects@be-enriched.org) by 21st September

Why should we pick your organisation to come to the UK ?

|  |  |  |  |  |  |  |
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| **Partner organisation** | | | | | | |
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| PIC | | |  | | | |
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| Full legal name (National Language) | | |  | | | |
|  | | |  | | | |
| Full legal name (Latin characters) | | |  | | | |
|  | | |  | | | |
| Acronym | | |  | | | |
|  | | |  | | | |
| National ID (if applicable) | | |  | | | |
|  | | |  | | | |
| Department (if applicable) | | |  | | | |
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| Address | | |  | | | |
|  | | |  | | | |
| Country | | |  | | | |
|  | | |  | | | |
| Region | | |  | | | |
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| P.O. Box | | |  | | | |
|  | | |  | | | |
| Post code | | |  | | | |
|  | | |  | | | |
| CEDEX (only for France) | | |  | | | |
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| City | | |  | | | |
|  | | |  | | | |
| Website | | |  | | | |
|  | | |  | | | |
| Email | | |  | | | |
|  | | |  | | | |
| Telephone 1 | | |  | | | |
|  | | |  | | | |
| Telephone 2 | | |  | | | |
|  | | |  | | | |
| Fax | | |  | | | |
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| **Profile** | | | | | | |
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| Type of organization | | |  | | | |
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| Is the partner organization a public body? | | |  | | | |
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| Is the partner organization a non-profit? | | |  | | | |
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| **Accreditation** | | | | | | |
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| Has the organization received any type of accreditation before submitting this application? | | | | | | |
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| Accreditation type | | | | Accreditation reference | | |
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| **Background and experience** | | | | | | |
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| Please briefly present the partner organization. | | | | | | |
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| What are the activities and experience of the organization in the areas relevant for this application? | | | | | | |
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| What are the skills and expertise of key staff/persons involved in this application? | | | | | | |
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| Has your organization submitted or received any grant from any European Union Programme in the last 12 months before this application? If yes, please state: | | | No/Yes | | | |
| **EuropeanUnion Programme or initiative** | | **Reference number** | | | **Beneficiary Organisation** | **Year/ Title of the Project** | |
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| **Legal representative** | | | | | | |
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| Title | | | Ms | | | |
|  | | |  | | | |
| Gender | | | F | | | |
|  | | |  | | | |
| First name | | |  | | | |
|  | | |  | | | |
| Family name | | |  | | | |
|  | | |  | | | |
| Department | | |  | | | |
|  | | |  | | | |
| Position | | |  | | | |
|  | | |  | | | |
| Email | | |  | | | |
|  | | |  | | | |
| Telephone 1 | | |  | | | |
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|  | If the address is different from the one of the organization, please tick this box | | | | | |
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| Address | | |  | | | |
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| Country | | |  | | | |
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| Region | | |  | | | |
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| P.O. Box | | |  | | | |
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| Post Code | | |  | | | |
|  | | |  | | | |
| CEDEX (only for France) | | |  | | | |
|  | | |  | | | |
| City | | |  | | | |
|  | | |  | | | |
| Telephone 2 | | |  | | | |

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| **Contact person** | |
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| Title | Same as above |
|  |  |
| Gender |  |
|  |  |
| First name |  |
|  |  |
| Family name |  |
|  |  |
| Department |  |
|  |  |
| Position |  |
|  |  |
| Email |  |
|  |  |
| Telephone 1 |  |
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