**KA2 Project: « Strategic Human Rights meeting point »**

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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) |  |
|  |  |
| Address |  |
|  |  |
| Country  |  |
|  |  |
| Region |  |
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| P.O. Box |  |
|  |  |
| Post code |  |
|  |  |
| CEDEX (only for France) |  |
|  |  |
| City |  |
|  |  |
| Website |  |
|  |  |
| Email |  |
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| Telephone 1 |  |
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| Telephone 2 |  |
|  |  |
| Fax |  |
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|  |  |
| **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**  |
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| Please briefly present the partner organization. |
|  |
| What are the activities and experience of the organization in the areas relevant for this application? |
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|  |  |
| Has the partner organisation participated in a European Union granted project in the 3 years preceding this application?If yes, please indicate below starting from the most recent one.

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| --- | --- | --- | --- | --- |
| EU Programme | Mobility | Year | Project identification or contract number | Applicant/ Beneficiary name |
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What are the skills and expertise of key staff/persons involved in this application? |
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| **Legal representative** |
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| Title |  |
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| Gender |  |
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| First name |  |
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| Family name |  |
|  |  |
| Department |  |
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| Position |  |
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| Email |  |
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| Telephone 1 |  |
|  |  |
| If the address is different from the one of the organization, please tick this box |
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| Post code |  |
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| CEDEX |  |
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| City |  |
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| Telephone 2 |  |
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| **Contact person** |
|  |
| Title |  |
|  |  |
| Gender |  |
|  |  |
| First name |  |
|  |  |
| Family name |  |
|  |  |
| Department |  |
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| Position |  |
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| Email |  |
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| 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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| Post code |  |
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| CEDEX |  |
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| City |  |
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| Telephone 2 |  |
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| **NGO experience about the Human Rights subject** |
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| Please describe the background and experience of your NGO in the Human Rights fields of the proposed project. |
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| Why and how would you like to be involved in this project? |
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| What could be your role and added value to the project? |
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| Have you already taken part in other KA2 projects? If yes, did you develop a methodology? |
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|  |
| Please describe the background and needs of the participants from your NGO. How do you believe they will be involved in this project? |
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| How will you organize the participation of youngsters in this project? |
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| How many participants (out of the total number) would fall into this category? |
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|  |
| How many participants with fewer opportunities could come from your NGO? |
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| Which types of situations are these participants facing? (cultural differences, disability, economic obstacles, educational difficulties, geographical obstacles, health problems, social obstacles). |
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| How will you integrate non-formal learning in the above-mentioned project? |
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| Do you already have experience/a method to acknowledge non-formal learning? |
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| What do you believe will be the expected impact on the participants, and your NGO and target groups? |
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| What do you believe will be the desired impact of the project at the local and regional levels? |
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| What do you hope to gain out of this Strategic Partnership for your organization/ city? |
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| Which activities will you carry out in order to share the results of our project (in your organization, participants and partners)? |
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| Is there a possibility that the visit can take place in your city? |
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| What is your idea/proposal for a 2-4 days program of the exchange visit (which type of activities, venue (s), working methods used etc.) |
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Thank you very much! Kind regards!