***PARTNER QUESTIONNAIRE FORM FOR ERASMUS + SPORT***

***“EURO-SAIL”***

***Notice!***

***The questionnaire contains specific questions for this cooperation / below/. Pls, do not send us your standard PIF. Partner will be selected as a result of answering all the questions below.***

**PARTNER ORGANISATION DATA**

|  |  |
| --- | --- |
| PIC number |  |
| Organisation OID |  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) |  |
| Address |  |
| Email address |  |
| Facebook Fan Page |  |
| Registration number |  |
| VAT number |  |
| National Identification number |  |
| Website |  |
| Twitter |  |

|  |  |
| --- | --- |
| Type of Organisation |  |
| Is the partner organisation a public body? |  |
| Is the partner organisation a non-profit? |  |
| Total number of staff |  |
| Total number of learners |  |
| Number of followers on FB FAN PAGE |  |

**ACCREDITATION**

Has the organisation received any type of accreditation before submitting this application?

|  |  |
| --- | --- |
| Accreditation Type | Accreditation Reference |
|  |  |

**LEGAL REPRESENTATIVE**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| If the address is different from the one of the organisation, please fill in | |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

**CONTACT PERSON**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| Skype: |  |
| If the address is different from the one of the organisation, please fill in | |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

***1. Present the partner organization / SCOPE, AIMS, RESOURCES/.***

***2. What are the activities and experience of the organisation in the relevant field***

***/youth empowerment, water sports, boat expeditions, outdoor adventure?***

***3. 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.***

***4. What are specific needs of the organisation in the area of the project / sailing programs for youth/***

***5. What kind of know-how, knowledge, skills, expertise, tools and other resources can you bring to the project?***

***6. Describe channels of dissemination of the organisation on the local, national and European level and accessible media.***

***7. Describe to whom you will announce the results of the project?/ other ngo, institutions, your networks, etc/. Be specific in names and number of people impacted. /E.g we ll screen the movie in cooperation with Network XXXX gathering 350 members/***

***8. Describe the foreseen impact of the project on your participants, organisation, staff, groups you work with, local community. What will change for your organisation in long term perspective thanks to this project?***

***EU Fundings.***

***List below project granted by EU funds over last 3 years.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EU Programme | Year | Project Identification or Contract Number | Applicant/Beneficiary Name | Project title |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |