Partner Form

Project «**Challenge Labels & Appearance…Reach Out!»**

**«CLARO!»**

|  |  |
| --- | --- |
| Organization ID (OID) |  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) |  |
| Website |  |
| Email |  |
| Telephone 1 |  |
| Type of Organisation |  |
| Is the partner organisation a public body? |  |
| Is the partner organisation a non-profit?. |  |
| Please briefly your organisation. |  |
| Describe briefly your community (also if there are minority groups, refugees or migrants) and if there is a close relation between the majority and minority groups |  |
| What are the activities and experience of the organisation in the areas relevant for this application (work with young people, training courses, addressing the topic of inclusion etc) |  |
| Describe your target group(s).How are the young people directly involved in your activities? |  |
| Describe the profile of the participants you would select for this project. We encourage the involvement of participants with fewer opportunities in this project (at least 40 % of each group). Please, also describe the difficulties the participants may be facing  |  |
| What do you think will be the impact of this project on the participants/ your organisation / local community.  |  |
| How would you disseminate the results of the project to your members, local community, other organisations, etc.What dissemination means do you have in your disposal? (website, contact with media, social media pages)What reach to they have? |  |
| Describe how *CLARO*! meets the objectives and needs of your organization in specific. |  |
| **Legal Representative** |  |
| Title. |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email  |  |
| Telephone 1 |  |

|  |  |
| --- | --- |
| **Contact Person** |  |
| Title. |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email  |  |
| Telephone 1 |  |

Has the organisation participated in a European Union granted project in the 3 years preceding this application?

|  |  |  |  |
| --- | --- | --- | --- |
| **Eu Programme** | **Year** | **Project Identification or contract number** | **Applicant/beneficiary organization** |
|  |  |  |  |