# Partner Organisation

|  |  |
| --- | --- |
| **OID** |  |
| **PIC** |  |
| **PADOR** |  |
| **Full legal name (National Language)** |  |
| **Full legal name (Latin characters)** |  |
| **Acronym** |  |
| **National ID (if applicable)** |  |
| **Department (if applicable)** |  |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O. Box** |  |
| **Post Code** |  |
| **CEDEX** |  |
| **City** |  |
| **Website** |  |
| **Email** |  |
| **Telephone 1** |  |
| **Telephone 2** |  |
| **Fax** |  |

# Profile

|  |  |
| --- | --- |
| **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** |  |

# Accreditation

|  |  |
| --- | --- |
| **Type of accreditation** | None |
| **Accreditation reference number** | None |

# European Union granted project in the 3 years preceding this application? 2017 onward

YES or NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Programme or initiative** | **Year** | **Reference number including year of award** | **Project title** | **Beneficiary** |
|  | 2017 |  |  |  |
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# Legal Representative

|  |  |
| --- | --- |
| **Title** | *Ms or Mr* |
| **Gender** | *Woman or man* |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |

***Same address***

# Contact Person

|  |  |
| --- | --- |
| **Title** | *Ms or Mr* |
| **Gender** | *Woman or man* |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |

***Same address***

# Aims and activities of the organisation. Background and experience

**5.000 characters maximum**

# Role of the partner in the project.

*What are the activities and experience of your organisation in the areas relevant for this project? What are the skills and/or expertise of key persons involved in this project?*

**5.000 characters maximum**