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| **Complete name of Institution/Organisation:** |  |
| **PIC Code** |  |
| **OID** |  |
| **Qualily Label number** |  |
| **Address:** |  |
| **Postal Code, City:** |  |
| **Region** |  |
| **Country:** |  |
| **Website** |  |
| **Email** |  |
| **Name of contact person:** |  |
| **Position:** |  |
| **Telephone:** |  |
| **Mobile Tel:** |  |
| **Fax:** |  |
| **E-Mail:** |  |
| **Legal Representative: Title** |  |
| **First Name** |  |
| **Last name** |  |
| **Position** |  |
| **Email** |  |
| **Telephone number** |  |
| **Type Of Organisation** |  |
| **Is the partner organisation a public or private institution?** |  |
| **Is the partner a non-profit or for profit organisation?** |  |
| **Is the partner organization a public body?** |  |
| **Accreditation and number** |  |

**Background and Experience**

**- Please briefly present the partner organisation (e.g. its type, size, scope of work, areas of specific expertise, specific social context and, if relevant, the quality system used).**

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**- What are the activities and experience of the partner organisation in the areas relevant for this project?**

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**- What are the skills, position and/or expertise of key persons involved in this project?**

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**- Has the partner organisation participated in a European Union granted project in the 3 years preceding this application? If yes, indicate : Programme, N° of the project, Name of the project, Name of the applicant, Year**

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