**ERASMUS+ PARTNER IDENTIFICATION FORM**

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| **PARTNER ORGANISATION** |
| OID number |  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) |  |
| Acronym |  |
| National ID (if applicable) |  |
| Address (Street and number) |  |
| Country |  |
| Post Code |  |
| City |  |
| Website |  |
| Email |  |
| Telephone |  |
| **PROFILE** |
| Type of Organisation |  |
| Is the partner organisation a public body? |  |
| Is the partner organisation a non-profit? |  |
| Main sector of activity |  |
| Please specify the main sector |   |
| **ACCREDITATION** |
| Has the organisation received any type of accreditation before submitting this application? |  |
| European Solidarity Corps Quality Label (supporting organization) |  |
| Has the organisation received/applied for any EU grants? |  |
| **BACKGROUND AND EXPERIENCE** |
| **Please briefly present the partner organisation. (5000)** |
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| **What are the activities and experience of the partner organisation in youth work? Please provide information on your organisation’s / group’s regular youth work activities at local level. (5000)** |
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| **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. (5000)** |
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| **LEGAL REPRESENTATIVE** |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Address |  |

**PRIMARY CONTACT PERSON**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Address |  |