**ERASMUS+ PARTNER IDENTIFICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)** | | | | |
|  | | | | |
| **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)** | | | | |
|  | | | | |
| **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)** | | | | |
|  | | | | |
|  | | | | |
| **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 |  |