**Application form**

**Partner Organisation**

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| --- | --- |
| Organisation PIC:  E: |  |
| 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 your organisation a public body? |  |
| Is your organisation a non-profit? |  |

**Background**

Please briefly present your organisation/group (e.g. its type, scope of work, areas of activity and if applicable, **approximate number of paid/unpaid staff, learners and members of the group**).

(Maximum characters: 2000

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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?

(Maximum characters: 2000)

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**Legal Representative**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

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|  |

If the address is different from the one of the organisation, please tick this box.

**Contact Person**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

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| --- |
|  |

If the address is different from the one of the organisation, please tick this box.