ERASMUS+ PARTNER IDENTIFICATION

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| --- | --- | --- | --- |
| **A. PARTNER ORGANISATION** | | | |
| PIC | |  | |
| Full legal name (National Language) | |  | |
| Full legal name (Latin characters) | |  | |
| Acronym | |  | |
| National ID (if applicable) | |  | |
| Department (if applicable) | |  | |
| Address (Street and number) | |  | |
| Country | |  | |
| Region | |  | |
| P.O. Box | |  | |
| Post Code | |  | |
| CEDEX | |  | |
| City | |  | |
| Website | |  | |
| Email | |  | |
| Telephone 1 | |  | |
| Telephone 2 | |  | |
| Fax | |  | |
| **B. PROFILE** | | | |
| Type of Organisation | | |  |
| Is the partner organisation a public body? | | |  |
| Is the partner organisation a non-profit? | | |  |
| **C. ACCREDITATION** | | | |
| Has the organisation received any type of accreditation before submitting this application? | | |  |
| Has the organisation received/applied for any EU grants? | | |  |
| **D. BACKGROUND AND EXPERIENCE** | | | |
| Please briefly present the partner organisation. |  | | |
| What are the activities and experience of the organisation in the areas relevant for this application? |  | | |
| What are the skills and expertise of key staff/persons involved in this application? |  | | |
| **E. LEGAL REPRESENTATIVE** | | | |
| Title |  | | |
| Gender |  | | |
| First Name |  | | |
| Family Name |  | | |
| Department |  | | |
| Position |  | | |
| Email |  | | |
| Telephone 1 |  | | |
| Address |  | | |
| Country |  | | |
| Region |  | | |
| P.O. Box |  | | |
| Post Code |  | | |
| CEDEX |  | | |
| City |  | | |
| Telephone 2 |  | | |

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

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| Programme or Initiative | Identification/Contact Number | Contracting Promoter | Title of the Project |
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