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 |  |

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| **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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