

ERASMUS+ PARTNER IDENTIFICATION

| 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 Organization | |
| Is the partner organization a public body? | |
| Is the partner organization a non-profit? | |
| C. ACCREDITATION | |
| Has the organization received any type of accreditation before submitting this application? | |
| Has the organization received/applied for any EU grants? | |
| D. BACKGROUND AND EXPERIENCE | |
| Please briefly present the partner organisation (e.g. its type, size, scope of work, areas of specific expertise, specific social context and, if relevant, the quality system used). | |

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| <p>What are the activities and experience of the partner organisation in the areas relevant for this project? What are the skills and/or expertise of key persons involved in this project?</p> | |
| <p>Does your project involve participants facing situations that make their participation in the activities more difficult? If so, Which types of situations are these participants facing?</p> | |
| <p>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.</p> | |

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 | |

Person responsible for the project

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