**PARTNER INFORMATION FORM**

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| **PIC Number**  |  |
| Full legal name (National Language):  |  |
| **Full legal name (English):**  |  |
| Acronym:  |  |
| National ID (if applicable):  |  |
| Department (if applicable):  |  |
| Address:  |  |
| Post Code :  |  |
| City:  |  |
| Region:  |  |
| Country:  |  |
| P.O. Box : |  |
| Website:  |  |
| Email:  |  |
| Telephone 1:  |  |
| Telephone 2: |  |
| Fax:  |  |

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| Type of Organization |
| Is the partner organization a public body?  | YES / NO |
| Is the partner organization a No- Profit Organization? | FOR PROFIT / NOT FOR PROFIT |

**Please briefly present your organization (e.g. its type, size, scope of work, areas of specific expertise, specific social context etc.).**

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**What are the activities and experience of the partner organisation in the areas relevant for this project?**

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**What are the skills and/or expertise of key persons involved in this project? What unique knowledge/ expertise could they contribute to our project?**

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**Does your organisation have experience with Erasmus+ Programme?**

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**Participation in EC projects in the three last years**

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| EU Programme | Year | Project title and Number | Coordinator |
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|  |  |  |  |

**Legal representative**

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

**Contact person:**

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

**Comments:**

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