**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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