Partnership Identification Form

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| Partner organisation |
| PIC |  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) |  |
| Acronym |  |
| National ID (if applicable) |  |
| Department (if applicable) |  |
| Address |  |
| Country  |  |
| Region |  |
| P.O. Box |  |
| Post code |  |
| CEDEX (only for France) |  |
| City |  |
| Website |  |
| Email |  |
| Telephone 1 |  |
| Fax |  |

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| --- |
| Profile  |
| Type of organization |  |

|  |
| --- |
| Legal representative |
| Title |  |
| Gender |  |
| First name |  |
| Family name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

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| --- |
| Contact person |
| Title |  |
| Gender |  |
| First name |  |
| Family name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

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| **Background and experience** |

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| Please briefly present the partner organization. (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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| What are the activities and experience of the organization in the areas relevant for this project ? |
|  |
| What are the skills and/or expertise of key persons involved in this project? |
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**Did you participate in a European Union granted project in the 3 years preceding this application? Please mention:**

* **EU Programme**
* **Year**
* **Project Identification or Contract Number**
* **Applicant/Beneficiary Name**

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