**ERASMUS+ PARTNER IDENTIFICATION FORM**

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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? | | |  |
| **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 |  | | |

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| **European Union granted projects\EU programmes 2014-2020** | | | |
| **EU programme** | **Year** | **Project identification or Contract N** | **Applicant/ Beneficiary Name** |
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