**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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