**PARTNER IDENTIFICATION FORM**

**Please send in word file. Do not convert to other format as PDF, JPG, etc.**

**Similar forms with general answers will not be taken into consideration!**

|  |  |
| --- | --- |
| **PIC number:** |  |
| Full name of the organisation: |  |
| Please fulfill following information about legal representative/contact person | |
| Title: |  |
| Family name: |  |
| First name: |  |
| Role in the organisation: |  |
| E-mail address: |  |
| Address of legal representative/contact person | |
| Street name and number (personal): |  |
| Postcode: |  |
| Town: |  |
| Country: |  |
| Region: |  |
| Telephone 1: |  |
| Telephone 2: |  |
| Fax: |  |

|  |  |
| --- | --- |
| 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 |  |

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| --- |
| *Please provide a short presentation of your organization (key activities, affiliations, size of the organization, etc.) relating to the area covered by the project* |
|  |
| *Please explain how the project proposal fits within the objectives of your organisation and situation in your country.* |
|  |
| *Why you as partners are best suited to participate in this European project? Describe your innovative and/or complementary skills, expertise and competences directly relating to the planned project activities.* |
|  |
| *What are the activities and experience of the organization in the areas relevant for this application?* |
|  |
| *What are the skills and expertise of key staff/persons involved in this application?* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Other community funding* | | | |
| *Programme or Initiative* | *Identification/contract numb* | *Name of the applicant* | *Title of the project* |
|  |  |  |  |
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