**Project questionnaire (PQ)**

#### Organization details

|  |  |
| --- | --- |
| **PIC** |  |
| **Profile** | |
| **Type of Organisation** |  |
| **Is the partner organisation a public body?** |  |
| **Is the partner organisation a non-profit organisation?** |  |
| **Accreditation** | |
| **Has the organisation received any type of accreditation before submitting this application?** |  |
| **Accreditation Type Accreditation Reference** |  |
| **Background and Experience** | |
| **Please briefly present your organisation.** |  |
| **What are the activities and experience of your organisation in the areas relevant for this project?** |  |
| **What are the skills and expertise of key staff/persons involved in this application?** |  |
| **Legal Representative** | |
| **Title** |  |
| **Gender** |  |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |
| **Your experience about the subject of the TC – Training & Networking** | |
| **Please describe the background and experience of your organization.** |  |
| **Why do you want to participate in this project?** |  |
| **Please describe what are your organization needs (in order to develop) from the perspective of the project activities – develop new project ideas and create a network of NGO’s** |  |
| **Which are weaknesses (in SWOT terms), from which derives your organizational needs / problems you want to solve with this project** |  |
| **Which is your organizational development strategy over the medium term (3-4 years)** |  |
| **Which are the results that you want to acquire the most?** |  |
| **How do you want to be involve and help in this project ?** |  |
| **What specific activities of your organization would you be interested to share during the project?** |  |
| **Are your NGO part of a network of NGO’s? If YES please provide us more details (number of NGO;s involved, shared interest)** |  |
| **DO you want to involve your NGO in a network? If YES, please provide us some details about your interests.** |  |
| **IMPACT** | |
| **How do you think this project can demonstrate that it will have a positive impact at:**  **1.Organization level**  **2.Professional level**  **3.Personal level** |  |
| **Are your NGO interested to participate in projects in the next deadline of Erasmus+ (2018) ?** |  |
| **What do you believe will be the desired impact of the project at the local and regional levels?** |  |
| **Which is the estimated impact of the project on**  **-short time**  **-medium time**  **-long time** |  |
| **Which activities will you carry out in order to share the results of our project (in your organization, participants and partners) ?** |  |

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| **Visa cost per person in Euro** |  |

|  |  |
| --- | --- |
| **TRAVEL COSTS** | |
| *In accordance with the decision of the travel expenses of the European Commission and Erasmus+, calculate mileage is calculated on the calculator (*[*distance calculator*](http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm)*), from place of registration the organization (****Town, County, Country)*** *to the venue of activities* ***(Brasov, Municipiul Brasov, Brasov, Romania 45o38’54” N 25o36”22” E*** *).*  *Please give us the most accurate information.*  *Town:*  *County:*  *Country:*  *Distance (km):* |

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**Key Action - Learning Mobility of Individuals**

Action Type - Youth mobility

Activity Type: Mobility of youth workers

**APPLICATION FORM**

(Please use CAPITAL letters)

**PERSONAL INFORMATION – PARTENER PROJECT COORDINATOR**

|  |  |
| --- | --- |
| **Name:** | **Surname:** |
| **Country:** | **Nationality:** |
| **Sex: Male**  **Female** | **Age:** |
| **Telephone:** | **Mobile phone:** |
| **E-mail:** |  |

**EXPERIENCES, MOTIVATIONS, EXPECTATIONS**

|  |
| --- |
| **Please describe briefly your professional/educational background, as well as your motivations and expectations** |
|  |
| **What kind of activities/projects are you currently working on in your NGO/institution? Please, shortly describe the activities and their target group.** |
|  |
| **Please describe your experience in working on the topic – Training & Networking** |
|  |
| **Why do you want to take part in this training?** |
|  |
| **Follow-up:**  **Would you be willing to follow-up on the outcomes of this TC?** |
| **Yes  No** |
| **If yes, in which ways could you contribute?** |
|  |

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| --- |
| Please send your application before deadline for Submission (dd-mm-yyyy  hh:nn:ss - Bucharest, Romania Time) **21.03.2017 16:00:00**  Applications received after the deadline will not be reviewed !  The application forms should be sent to the following e-mail address:  [**madalina.albu@centrul-solomon.ro**](mailto:madalina.albu@centrul-solomon.ro) |