YOUth&EU Partner Information Form

**Organization**

|  |  |
| --- | --- |
| PIC number |  |
| Full name of the organisation in Latin  characters |  |
| Business name |  |
| Registration date |  |
| Label (Accreditation type) |  |
| Accreditation number |  |
| Registered address |  |
| Street name and number |  |
| Post code |  |
| City |  |
| Region |  |
| Country |  |
| Internet address |  |
| Telephone 1 |  |
| Telephone 2 |  |
| Fax |  |

**Status**

|  |  |
| --- | --- |
| Type of organization |  |
| Is the partner organization a public body? |  |
| Is the partner organization a non-profit? |  |

**Legal representative/contact person**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First name |  |
| Family name |  |
| Department |  |
| Role in the organization |  |
| E-mail address |  |
| Telephone 1 |  |

Same address of the organization? If not fill in the fields below

|  |  |
| --- | --- |
| Address |  |
| Country |  |
| Region |  |
| Post code |  |
| Telephone |  |
| City |  |

**Aims and activities of the organisation**

Please provide a short presentation of the organisation (key activities, affiliations, size of the organisation, etc.) relating to the area covered by the action. Please provide also a link to the website of the organisation, if available. (Maximum 1000 characters)

|  |
| --- |
| MAXIMUM 1000 characters |

**Role of the organisation in the action**

Please describe the role of the organisation in the action and how the organisation will actually contribute to the action success. (Maximum 500 characters)

|  |
| --- |
| MAXIMUM 500 characters |

Operational/Technical capacity: Skills and expertise of key staff involved in the action

Please fill in the table below for each key staff member and add lines as necessary.

Please note that the first key staff to be listed should be the Project coordinator (also called 'Contact person' at the beginning of the second page of this document).

The coordinator will have the responsibility to ensure that the action is implemented in accordance with the selected application. Its coordination will include the following duties:

- be the single point of contact of the Agency for all communications on the action;

- coordinate the work of the partnership in line with the workplan;

- monitor that the action is implemented in accordance with the EU grant agreement.

Therefore this person must have all the necessary professional experience and competencies to carry out the coordination of the action. Please provide detailed information for this person.

|  |  |
| --- | --- |
| Names of the staff members | Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the action. |
|  |  |
|  |  |
|  |  |
|  |  |

Please list the projects for which the organisation, or the department responsible for the management of this application, has received financial support from any EU Programme during the last three years.

|  |  |  |  |
| --- | --- | --- | --- |
| EU Programme | Year | Project Identification or Contract number | Applicant/beneficiary name |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |