

## ERASMUS+ PARTNER IDENTIFICATION FORM

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.	

<p>What are the activities and experience of the organisation in the areas relevant for this application?</p>	
<p>What are the skills and expertise of key staff/persons involved in this application?</p>	
<b>E. LEGAL REPRESENTATIVE</b>	
Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	
Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Telephone	