

ERASMUS+ PARTNER IDENTIFICATION

A. PARTNER ORGANISATION	
PIC NUMBER	
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??????	School/Institute/Educational centre - General education ?(primary level? or Secondary level ?or high school?)
Your Students' ages	From..... to..... years old
Is the partner organisation a public body?	Yes/No
Is the partner organisation a non-profit?	Yes/No
Total number of employees	
The total number of learners	
C. ACCREDITATION	
Has the organisation received any type of accreditation before submitting this application?	<ul style="list-style-type: none"> • IF YES 1. 2.

EU Programme	Year	Project Identification or Contract Number Applicant	Applicant/Beneficiary Name
Comenius Multilateral			
Comenius Multilateral			

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

<p> <input type="checkbox"/> this application? </p>	
<p>E. LEGAL REPRESENTATIVE</p>	
Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	
Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Telephone 2	

Person responsible for the project

Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	