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| Partner:  |
| PIC:  |  |
| Organisation name & acronym |  |
| Accreditation type  |  |
| Accreditation number |  |
| Status  |  |
| Non profit organization  | Yes/NO |
| NGO  | No/Yes |
| Type of institution  |  |
| Registration date  |  |
| Registration location  |  |
| **Registered address** |
| Street |  |
| Number |  |
| Post code |  |
| Town/ Country |  |
| Region |  |
| Telephone  |  |
| Fax |  |
|  |  |
| Legal Representative |
| Title |  |
| Gender |  |
| Family name |  |
| First name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |
| Full Address  |  |

**If the contact person is the same as above, please tick this box and skip to section A2 below**

|  |
| --- |
| Contact person |
| Title |  |
| Gender |  |
| Family name |  |
| First name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |

|  |  |  |
| --- | --- | --- |
| **Partner number** ☒ |  |  |
| **Organisation name & acronym** |   |
| **D.1.1 - Aims and activities of the organisation** |
| *Please provide a short presentation of your organisation (key activities, affiliations, size of the organisation, etc.) relating to the area covered by the project* (limit 2000 characters)*.* |
|  |
| *Please describe also the role of your organisation in the project* (limit 1000 characters)*.* |
|  |
| **D.1.2 - Operational capacity: Skills and expertise of key staff involved in the project** *Please add lines as necessary.* |
| **Name of staff member** | *Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the project.**Not more than 10 lines* |
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Please list the project for which the organizations involved in this application have received financial support from EU programmes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme or initiative** | **Reference number** | **Beneficiary Organisation** | **Title of the Project** ☒ |
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