**Partner’s profile**

|  |  |  |
| --- | --- | --- |
| **C. Participating Organisation** | | |
| **C.1.Partner organisation** | | |
| PIC Number | |  |
| EVS Accreditation Number | |  |
| Full legal name (national language) | |  |
| Full legal name in English | |  |
| Acronym | |  |
| National ID (If applicable) | |  |
| Department (If applicable) | |  |
| Address | |  |
| Country | |  |
| Region | |  |
| Post Code | |  |
| City | |  |
| Email | |  |
| Website | |  |
| Telephone | |  |
| Fax | |  |
| **C.1.1.Profile** | | |
| Type of Organization | |  |
| Is your organisation a public body | |  |
| Is your organisation non-profit? | |  |
| **C.1.2.Background and Experience:**  Please briefly present your organisation (e.g. its type, size, scope of work, areas of specific expertise, specific social context and, if relevant, the quality system used). | | |
|  | | |
| **What are the activities and experience of your organisation in the areas relevant for this project?** | | |
| **What are the skills and/or expertise of key persons involved in this project?** | | |
| **C.1.3. Legal Representative** |
| Title | | |
| Gender |  | |
| First Name |  | |
| Family Name |  | |
| Department |  | |
| Position |  | |
| Email |  | |
| Telephone 1 |  | |
| **C.1.4. Contact Person** |  | |
| Title | | |
| Gender |  | |
| First Name |  | |
| Family Name |  | |
| Department |  | |
| Position |  | |
| Email |  | |
| Telephone 1 |  | |
|  |  | |
|  |  | |