**Application Form - Call: 2014**

**KA2 – Cooperation and Innovation for Good Practices**

**Strategic Partnerships for Higher Education**

**INFORMATION ABOUT THE PARTICIPATING ORGANISATIONS**

**PARTNER ORGANISATION**

|  |  |
| --- | --- |
| **PIC:** | ***Please fill in the PIC code***  |
| **Full legal name: (National Language)** | Data is automatically generated |
| **Full legal name:** **(Latin Characters)** | Data is automatically generated |
| **Acronym:** | Data is automatically generated |
| **National ID:** **(if applicable)** | Data is automatically generated |
| **Department:** **(if applicable)** | Data is automatically generated |
| **Address:** | Data is automatically generated |
| **Country:** | Data is automatically generated |
| **Region:** | Data is automatically generated |
| **P.O. Box:** | Data is automatically generated |
| **Post Code:** | Data is automatically generated |
| **CEDEX:** | Data is automatically generated |
| **City:** | Data is automatically generated |
| **Website:** | Data is automatically generated |
| **E-mail:** | Data is automatically generated |
| **Telephone 1:** | Data is automatically generated |
| **Telephone 2:** | Data is automatically generated |
| **Fax:** | Data is automatically generated |

**PROFILE**

|  |  |
| --- | --- |
| **Type of organisation:** | Data is automatically generated |
| **Is the partner organisation a public body?:** | Data is automatically generated |
| **Is the partner organisation a non-profit?** | Data is automatically generated |

**ACCREDITATION**

**Has the partner organisation received any type of accreditation before submitting this application?**

|  |  |
| --- | --- |
| **Accreditation Type** | **Accreditation Reference** |
| Erasmus Charter for Higher Education (ERAPLUS-ECHE) | … |
| Erasmus Charter for Higher Education (LLP-ERA-CHARTER) | … |
| Higher Education Mobility Consortium Certificate (ERAPLUS-ERA-CONSORTIA) | … |

**BACKGROUND AND EXPERIENCE**

**Please briefly present the partner organisation (e.g. its type, size, scope of work, areas of specific expertise, specific social context and, if relevant, the quality system used).**

|  |
| --- |
| *Maximum 5.000 characters* |

**What are the activities and experience of the partner organisation in the areas relevant for this project? What are the skills and/or expertise of key persons involved in this project?**

|  |
| --- |
| *Maximum 5.000 characters* |

**Has the partner organisation participated in a European Union granted project in the 3 years preceding this application?**

|  |  |
| --- | --- |
| Yes | **No** |

**Please indicate:**

|  |  |  |  |
| --- | --- | --- | --- |
| **EU Programme** | **Year** | **Project Identification or Contract Number** | **Applicant/Beneficiary Name** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LEGAL REPRESENTATIVE OF THE PARTNER INSTITUTION**

|  |  |
| --- | --- |
| **Title:** | **…** |
| **Gender:** | **…** |
| **First Name:** | **…** |
| **Family Name:** | **…** |
| **Department:** | **…** |
| **Position:** | **…** |
| **E-mail:** | **…** |
| **Telephone 1:** | **…** |
| **Address:** | **…** |
| **Country:** | **…** |
| **Region:** | **…** |
| **P.O. Box:** | **…** |
| **Post Code:** | **…** |
| **CEDEX:** | **…** |
| **City:** | **…** |
| **Telephone 2:** | **…** |

**CONTACT PERSON FOR THE PROJECT (will act as the project coordinator of the partner institution)**

|  |  |
| --- | --- |
| **Title:** | **…** |
| **Gender:** | **…** |
| **First Name:** | **…** |
| **Family Name:** | **…** |
| **Department:** | **…** |
| **Position:** | **…** |
| **E-mail:** | **…** |
| **Telephone 1:** | **…** |
| **Address:** | **…** |
| **Country:** | **…** |
| **Region:** | **…** |
| **P.O. Box:** | **…** |
| **Post Code:** | **…** |
| **CEDEX:** | **…** |
| **City:** | **…** |
| **Telephone 2:** | **…** |