**Partner’s information sheet:**

**C.2. Partner Organisation**

|  |  |
| --- | --- |
| **OID** |  |
| **Full legal name (National Language)** |  |
| **Full legal name (Latin characters)** |  |
| **Acronym** |  |
| **National ID (if applicable)** |  |
| **Department (if applicable)** |  |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O. Box** |  |
| **Post Code** |  |
| **CEDEX** |  |
| **City** |  |
| **Website** |  |
| **Email** |  |
| **Telephone 1** |  |
| **Telephone 2** |  |
| **Fax** |  |

**C.2.1. Profile**

|  |  |
| --- | --- |
| **Type of Organisation** |  |
| **Is the partner organisation a public body?** |  |
| **Is the partner organisation a non-profit?** |  |

**C.2.2. Accreditation**

**Has your organization (partner organization) received any type of accreditation before submitting this application?**

|  |  |
| --- | --- |
| **Accreditation Type** | **Accreditation Reference** |
|  |  |
|  |  |
|  |  |

**C2.3 Background and Experience**

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| **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.* |
|  |  |
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**Has your organization (partner organization) participated in a European Union granted project in the 3 years preceding this application?**

**If yes, please indicate:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **EU Programme** | **Project Identification or Contract Number** | **Applicant/Beneficiary Name** |
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**C.2.4. Legal Representative**

|  |  |
| --- | --- |
| Title |  |
| Gender | Male |
| First Name | Jiri |
| Family Name | Stuchl |
| Department |  |
| Position | Director |
| Email | info@mamaloca.cz |
| Telephone 1 | +420 774 650 198 |

If the address is different from the one of the organisation, please indicate:

|  |  |
| --- | --- |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

**C.2.5. Contact Person**

|  |  |
| --- | --- |
| Title |  |
| Gender | Male |
| First Name | Jiri |
| Family Name | Stuchl |
| Department |  |
| Position | Director |
| Email | info@mamaloca.cz |
| Telephone 1 | +420 774 650 198 |

If the address is different from the one of the organisation, please indicate:

|  |  |
| --- | --- |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| Telephone 2 |  |

