Erasmus +

PARTNER IDENTIFICATION FORM

Learn Key Institute EST.1995

A. PARTNER ORGANISATION

PIC		OID	
Organisation Name			
Full legal name (National language)			
Full legal name (Latin characters)			
Acronym			
Registration & Structure			
National ID (if applicable)			
Department (if applicable)			
Address (Street & number)			
Country		Region	
Post code		City	
P.O. Box (if applicable)		CEDEX (if applicable)	
Email		Website	
Telephone 1		Telephone 2	Fax

B. PROFILE

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

C. BACKGROUND AND EXPERIENCE

Please briefly present the partner organisation

What are the activities and experience of the organisation in the areas relevant to this application?

What are the skills and expertise of key staff/persons involved in this application?

D. LEGAL REPRESENTATIVE

Title		Gender	
First name		Family name	
Department			
Position			
Email			
Telephone 1		Telephone 2 (if applicable)	
Address			
Country		Region	
Post code		City	
P.O. Box (if applicable)		CEDEX (if applicable)	

When the form is fully completed,
please email it to erasmus@learnkey.com.mt