



Education and Culture DG

Lifelong Learning Programme

Application Form

Call: 2010

Leonardo da Vinci Mobility

Form version: 0.21 / Adobe Reader version used: 8.106

## C.2. PARTNER ORGANISATION

Partner nr

1

### C.2.1. ORGANISATION

Role	
Full legal name (national language)	
Full legal name (latin characters)	
National id	
Type of organisation	
Commercial orientation	
Scope	
Legal status	
Economic sector	
Size (staff)	
Legal address	
Postal code	
City	
Country	
Region	
Telephone 1	
Telephone 2	
Fax	
Email	
Website	



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## C.2.2. DESCRIPTION

Please describe the size, scope of work, areas of specific expertise and competence; experience of the institution including staff experience in the field covered by the project.

ADD PARTNER

DELETE LAST PARTNER

DRAFT