**Project questionnaire**

#### Organization details

|  |  |
| --- | --- |
| **PIC** |  |
| **Please confirm that you have uploaded to you URF portal your latest registration document scan – VERY IMPORTANT !!!** |  |
| **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** |  |
| **Profile** | |
| **Type of Organisation** |  |
| **Is the partner organisation a public body?** |  |
| **Is the partner organisation a non-profit?** |  |
| **Accreditation** | |
| **Has the organisation received any type of accreditation before submitting this application?** |  |
| **Accreditation Type Accreditation Reference** |  |
| **Background and Experience (VERY IMPORTANT)** | |
| **Please briefly present your organisation.** |  |
| **What are the activities and experience of your organisation in the areas relevant for this application?** |  |
| **What are the skills and expertise of key staff/persons involved in this application?** |  |
| **Legal Representative** | |
| **Title** |  |
| **Gender** |  |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |
| **If the address is different from the one of the organisation, please tick this box** |  |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O. Box** |  |
| **Post Code** |  |
| **CEDEX** |  |
| **City** |  |
| **Telephone 2** |  |
| **NGO experience about the subject of the project – HIGHLY IMPORTANT !** | |
| **Please describe the background and experience of your NGO.** |  |
| **What will be the responsibilities that you will assume in the project, in accordance with your organization's experience?** |  |
| **What is your organization's contribution to the implementation of project activities in line with the project theme?** |  |
| **Please describe the background and needs of the participants from your NGO. How do you believe they will be involved in this project?** |  |
| **Are you interested to involve one participant with fewer opportunities in your group? (Yes or No)** |  |
| **If Yes, which types of situations are these participants facing?**  **-cultural differences**  **-economic obstacles**  **-educational difficulties**  **-geographical obstacles** |  |
| **What do you believe will be the expected impact on the participants, and your NGO and target groups?** |  |
| **What do you believe will be the desired impact of the project at the local and regional levels?** |  |
| **Are you willing to disseminate project results through media channels (websites, FB, Youtube channel) ? If so, on which** |  |

**VISA cost**

|  |  |
| --- | --- |
| **Visa cost per person in Euro** | **N/A** |

**Key Action - Learning Mobility of Individuals**

Action Type - Youth mobility

**“YOUTH JOURNALISM CAMP”**

**APPLICATION FORM**

(Please type or use CAPITAL letters)

**PERSONAL INFORMATION – PARTNER PROJECT COORDINATOR**

|  |  |
| --- | --- |
| **Name:** | **Surname:** |
| **Country:** | **Nationality:** |
| **Sex: Male**  **Female** | **Age:** |
| **Telephone:** | **Mobile phone:** |
| **E-mail:** |  |

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| --- |
| The application forms should be sent to the following e-mail address:  info@mladipula.org |