

**APPLICATION FORM**

**Erasmus+/Key Action 2: Cooperation for Innovation and Exchange of Good Practices**

**“eLearning – eCreativity”**

**A. School Details:**

|  |  |  |
| --- | --- | --- |
| **School PIC number** | **Yes**  **If yes** please indicate:  PIC Number: ……………………… | **No**  Will send you Info |

|  |  |
| --- | --- |
| Legal name of School (in English) |  |
| Legal name (national language) |  |
| National ID (if applicable) |  |
| Acronym |  |
| Address |  |
| Country |  |
| City |  |
| P.O. Box |  |
| Postal Code |  |
| Telephone |  |
| Fax |  |
| CEDEX |  |
| Website |  |
| Email |  |
| Profile Type of Organization |  |
| Is the organization a public body? | YES NO |
| Is the organization non-profit? | YES NO |

**B. Associated Persons:**

|  |  |
| --- | --- |
| 1. Legal Representative (Head of School) 2. Contact Person (eLearning Lab Ambassador) | 1.  2. |

**C. Background and Experience**

C1. Please briefly present the organization/group (Up to 5000 characters)

|  |
| --- |
|  |

C2. Has the school participated in a European Union granted project in the 3 years preceding this application?

Yes / No

**If yes** please indicate:

|  |  |
| --- | --- |
| **Title of EU programme** (e.g Erasmus) |  |
| Year (e.g 2003-2005) |  |
| Project Identification or Contract Number |  |
| Applicant beneficiary name |  |
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