



Total number of learners

C.1.2.2. Consortium Member

PIC

Full legal name (National Language)

Full legal name (Latin characters)

Acronym

National ID (if applicable)

Department (if applicable)

Address

Country

Region

~~F.O. Box~~

Post Code

~~CEDEX~~

City

Website

Email

Telephone 1

Telephone 2

Fax

C.1.2.2.1. Profile

Type of Organisation

Is the organisation a public body?

Is the organisation a non-profit?

Total number of staff

Total number of learners