**PARTNERSHIP**

**between the European Parliament and Civil Society Organisations (CSOs) and other multipliers’ networks**

**APPLICATION FORM[[1]](#footnote-1)**

To submit a Partnership application, please fill in the application form below and return it to [Email address] with the following supporting documents in any of the EU official languages:

-Proof of establishment (E.g. extract from the official journal, copy of articles of association, extract of association register or any other relevant supporting document)

- Latest annual activity report (or equivalent document) of the organisation

- Partnership Activity Plan defining the outreach strategy and the actions it commits to implement under the Partnership (based on the Partnership activity plan checklist in Annex 2)

|  |  |
| --- | --- |
| **APPLICANT'S CONTACT DETAILS** | |
| Name in full: |  |
| Acronym (if applicable): |  |
| Official legal form: |  |
| Legal capacity: | **Yes / No** |
| Not-for-profit Organisation | **Yes/No** |
| Country of Registration: |  |
| Address: |  |
| Postcode: |  |
| City: |  |
| Country: |  |
| Website |  |
| **LEGAL REPRESENTATIVE (AUTHORISED TO SIGN THE PARTNERSHIP AGREEMENT)** | |
| Title: |  |
| Family Name: |  |
| First Name: |  |
| Position/Function: |  |
| Phone: |  |
| E-mail address: |  |
| **APPLICANT’S GENERAL AIMS AND ACTIVITIES** | |
| Year of foundation: |  |
| The applicant should provide a short description of the organisation/group, its main areas of activities and where appropriate including information on memberships  (maximum 3500 characters). |  |
|  | |
| **DECLARATION ON HONOUR** | |
| The applicant or any natural person who is a member of the administrative, management or supervisory body of the legal person, or who has powers of representation, decision or control with regard to the above-mentioned legal person is in **none of the exclusion situations referred to in Article 6 of the Partnership agreement** | **Yes/No** |
| The applicant commits to respect the code of conduct for EP communication stakeholders and the terms and policies of together.eu. | **Yes/No** |
| I declare in my word of honour, that the information provided in this application form is true, correct and complete | **Yes/No** |

# LIST OF ANNEXES

Annex 1: Guidelines for applicants

Annex 2: Partnership activity plan checklist

Annex 3: Model Partnership agreement

Annex 4: Code of conduct for EP communication partners

1. version 1.0, rev. [date] [↑](#footnote-ref-1)