**Partner Questionnaire**

**Please ensure you have read the** [ERASMUS PLUS PROGRAMME GUIDE](https://www.erasmusplus.org.uk/key-resources)

**Please complete this form if you are interested in being a partner in our project and return to** philip.lown@suffolk.gov.uk

**Partners Questionnaire**

|  |  |
| --- | --- |
| Organisation: |  |
| Main contact: |  |
| E-mail address:  |  |
| Title: |  |
| Role within organisation: |  |
| Country |  |
| Are you eligible to be a partner? |  |
| Do you have a PIC? |  |
| What is the predicted cost of the project for you? How will you fund the minimum 20% project “exceptional costs” funding required? (More discussion around finances to take place as part of the application process) |  |
| What are the reasons for you being involved in this project?  |  |
| Is there are specific area of this project or audience that you would like to focus on? What will your project look like? |  |
| The project is about integrating physical activity into educational settings to address anxiety and improve educational attainment amongst 14-16 year olds; do you have evidence that would help show the need for this project in your organisation/geographical location? |  |
| The project is about integrating physical activity into educational settings to address anxiety and improve educational attainment amongst 14-16 year olds; do you have any experience in this area? |  |
| Do you have the correct staff competencies in place for this project? Who would run it and why? Will you be able to provide CV of the people primarily responsible for managing and implementing the operation in your organisation? |  |
| What are your expectations of the project? What problems or issues do you want to find solutions too? |  |
| ERASMUS projects are expected to share their knowledge and experiences of the project within the sector and across borders. What is your experience of sharing knowledge?How would you seek to do this and ensure your project provided relevant contributions? | ` |

**Do you have experience of implementing projects in this sector before, please complete the below table?**

|  |
| --- |
| Description of previous projects and activities related to the field of the call from the last 3 years |
| Programme Name (EU, National or Others) | Year | Role of partner in the project and short description of the implemented action (max 200words)  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**How will you show effective Collaborative Partnership working?**

|  |  |
| --- | --- |
| **Activity** | **How** |
| Networking |  |
| Good practices |  |
| Education & training modules and tools |  |
| Collection of data |  |
| Awareness-raising activities |  |
| Seminars, Conferences, meetings, events, educational activities, legacy activities  |  |
| Other? |  |

Any questions/queries please contact Phil Lown, Suffolk County Council, Most Active County Partnerships Programme Manager on +44 1473 265757 or philip.lown@suffolk.gov.uk