Annex A (EXPRESSION OF INTEREST)

Ref: RESTORATIVE APPROACH TO JUVENILE JUSTICE: SOCIO - EDUCATIVE MODEL OF REINTEGRATION

AND ALTERNATIVE MEASURES TO DETENTION – AID 011925

**1 CONTACT PERSON**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **e-mail** |  |

**2 EXPERIENCES**

Please fill in the table below to summarise at least 3 previous interventions related to this Expression of Interest carried out over the past 3 years in the field of child protection and/or reintegration services.

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|  |  |  |
| --- | --- | --- |
| **Contract title** |  | |
| **Amount** |  | |
| **Detailed description of project** | | **Type and scope of services provided** |
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|  |  |  |
| --- | --- | --- |
| **Contract title** |  | |
| **Amount** |  | |
| **Detailed description of project** | | **Type and scope of services provided** |
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| --- | --- | --- |
| **Contract title** |  | |
| **Amount** |  | |
| **Detailed description of project** | | **Type and scope of services provided** |
|  | |  |

I hereby acknowledge that I may be subject to criminal, administrative and financial penalties (as per Article 76 of the Italian Presidential Decree no. 445/2000) if any of the declarations or information provided prove to be false.

Full name Date Signature

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