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| Application form for TAIEX Expert Mission |
| **Project title: Expert Mission on**      |
| N.B.: only type-written and fully completed applications will be accepted |
| **Beneficiary country:** |       |
| **Beneficiary Ministry/Service:** |       |
| **Date of submission:** |       |
| **Objective of the Expert Mission:** |
|       |

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| **1. Person submitting the Application**  |
| Title(Mr.,Ms.): |       |
| First name: |       |
| Surname: |       |
| Ministry or Institution: |       |
| Department: |       |
| Function: |       |
| Office address (street/number/office number) |       |
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| Office Tel.: |       |
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| **2. Authorisation from your administration:** |
| Title (Mr.,Ms.)[[1]](#footnote-1): |       |
| First name: |       |
| Surname: |       |
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| Office Fax: |       |
| E-mail:  |       |
| Supporting comments: |       |
| Signature (if applicable): |  |

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| **2. Expert Mission Content** |

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| **a) What will the MemberState Expert(s) focus on during the visit?**[ ]  Legislation [ ]  Implementation [ ]  Institutional development  |
| **Target audience:**(specify if Ministries, institutions, regulatory authorities, professional associations or other) |       |

**EU legislation concerned**

Please provide references to regulations, directives etc.

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| **Main topic/content** |
| **Agenda**: Please indicate specific items you would like to discuss with the MemberState expert(s), such as legislation, infrastructure, strategies, training, any other elements of relevance, and/or attach possible draft programme, if available |
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| **Current situation & additional comments** |
| Please describe briefly the current situation in the sector of legislation concerned and provide all information that can contribute to the evaluation of your application (e.g. give details of the stage of preparation of the legislation; outline the timetable for the adoption of the legislation). |
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**Previous TAIEX and Twinning assistance you had in this field:**

 [ ]  **Yes** [ ]  **No**

If yes, please indicate details of the previous events and the outcome of the assistance provided:

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**Is there any planned or currently running project financed by EU funds and/or other international programmes dealing with the issues covered by the request? Has any such project been implemented in the last two years?**

[ ]  **Yes** [ ]  **No**

If yes, please provide details:

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| **3. Logistical aspects** |

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|  **a) Is there a Member State Administration/Organisation from which you wish to receive the expertise?** |
|  Preferred Country (choice cannot always be guaranteed) |       |
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|  Hosting Member State Authority/Institution (if known) |       |
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| **Do you know the MemberState expert from whom you wish to receive expertise?** |

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| Title: |       |
| First Name: |       |
| Surname: |       |
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| **Have you had previous contact with your selected host Institution/Organisation/Expert?** **[ ]  Yes [ ]  No**  |

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| **b) When would you like to receive the Expert?** |
| Proposed indicative date of the exchange/event: |      |
| Duration (days): |       |
| Expected number of participants: |       |

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| **Is interpretation required?**[ ]  **Yes** [ ]  **No****Contact person for the evaluation of the impact of TAIEX assistance**

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| **E-mail:**  |       |

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| **4. List of Participants** |

Data received from you is to be used for the organisation of TAIEX events only, and for no other purpose unless stated. You are entitled to have your data deleted or removed from our database at any time.

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| **1. Details of the applicant acting as main co-ordinator requesting the Expertise** |
| Title (Mr., Ms.) : |       |
| First Name: |       |
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| Email: |       |
| **Will you also participate to the expert mission?**  | [ ]  Yes [ ]  No |

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| **2. Details of the person(s) participating to the Expertise** |
| **a)** |  |
| Title (Mr., Ms.) : |       |
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| **b)** |  |
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| **c)** |  |
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| **e)**  |  |
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| **Please note:****Information contained in this form may be shared with the Embassy or Mission of your country in Brussels. In case this application does not come from the PAO, it will be forwarded to the TAIEX National Contact Point for agreement In all cases it will be forwarded for consultation to the EC Delegation in your country the TAIEX national contact point in your country, wherever appointed EuropeAid Cooperation Office Please either send application by the website, or if by fax/e-mail please return to: Fax: +32-2-296 7694, E-mail:** **elarg-enp-taiex@ec.europa.eu** |

1. Personal data contained in this document will be processed in accordance with the privacy statement of the TAIEX instrument

(See <http://taiex.ec.europa.eu/privacystatement>) and in compliance with the Regulation (EC) N° 45/2001. [↑](#footnote-ref-1)