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| Application form for TAIEX Study Visit | |
| **Project title: Study Visit on** | |
| N.B.: only type-written and fully completed applications will be accepted | |
| **Beneficiary country:** |  |
| **Beneficiary Ministry/Service:** |  |
| **Date of submission:** |  |
| **Objective of the Study Visit:** | |
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| **Why is specifically a study visit requested instead of an expert mission or a workshop?** | | |
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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) |  | |
| Post code: |  | |
| City: |  | |
| Office Tel.: |  | |
| Office Fax: |  | |
| E-mail: |  | |
| **2. Authorisation from your administration:** | | |
| Title (Mr.,Ms.)[[1]](#footnote-1): | |  |
| First name: | |  |
| Surname: | |  |
| Ministry or Institution: | |  |
| Function: | |  |
| Office address (street/number/office number) | |  |
| Post code: | |  |
| City: | |  |
| Office Tel.: | |  |
| Office Fax: | |  |
| E-mail: | |  |
| Supporting comments: | |  |
| Signature (if applicable): | |  |

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| **2. Study Visit Content** |

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| **a) What will be the task of the host institution concerned?**  Legislation  Implementation  Institutional development | |
| **Target audience:**  (specify if Ministries, institutions, regulatory authorities, professional associations or other) | |  | |

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| **EU legislation concerned**  Please provide references to regulations, directives etc.   |  | | --- | |  |   **Main topic/content** |
| **Agenda**: Please indicate specific items issues you would like to discuss with experts of the Member State administration, such as legislation, infrastructure, strategies, training and any other elements of relevance, and/or attach draft programme, if available |
|  |
| **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 that you wish to visit?** | |
| 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 person from whom you wish to receive expertise?** |

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| --- | --- | --- |
| Title: | |  |
| First Name: | |  |
| Surname: | |  |
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| Function: | |  |
| Office address (street/number/office number) | |  |
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| Office Fax: | |  |
| E-mail: | |  |
|  | | |
| **Have you had previous contact with your selected host Institution/Organisation/Expert?**  **Yes  No** | | |
| **b)What is the preferred date for the Study Visit?** | | |
| Dates/Year: |  | |
| Calendar week: |  | |
| Duration (maximum 5 working days): |  | |

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| **c) Language knowledge (please state the language(s) and indicate your level of competence)** | |
| 1st language: English | Very Good  Good  Fair  Poor |
| 2nd language: French | Very Good  Good  Fair  Poor |
| 3rd language: German | Very Good  Good  Fair  Poor |

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| **d) Transport and accommodation preferences:** (Please, select one option) |
| We would like to travel by:  Plane  Train  Other |
| We would like TAIEX to book a hotel:  Yes  No  **Is interpretation required?**  **Yes**  **No**  **Contact person for the evaluation of the impact of TAIEX assistance**   |  |  | | --- | --- | | **E-mail:** |  | |
| **4. List of Participants**  (3 participants maximum) |

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 Study visit** | |
| Title (Mr., Ms.) : |  |
| First Name: |  |
| Surname: |  |
| Ministry or Institution: |  |
| Department: |  |
| Function: |  |
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| Office Tel: |  |
| Office Fax: |  |
| Email: |  |
| **Will you also participate to the Study Visit?** | Yes  No |

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| **2. Details of the person(s) participating in the Study visit** | | |
| **a)** |  | |
| Title (Mr., Ms.) : |  | |
| First Name: |  | |
| Surname: |  | |
| Ministry or Institution: |  | |
| Department: |  | |
| Function: |  | |
| Office address (street/number/office number): |  | |
| Post code: |  | |
| City: |  | |
| Office Tel: |  | |
| Office Fax: |  | |
| E-Mail: |  | |
| 1st language: English | | | Very Good  Good  Fair  Poor | |
| 2nd language: French | | | Very Good  Good  Fair  Poor | |
| 3rd language: German | | | Very Good  Good  Fair  Poor | |
| **b)** |  | |
| Title (Mr., Ms.) : |  | |
| First Name: |  | |
| Surname: |  | |
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| City: |  | |
| Office Tel: |  | |
| Office Fax: |  | |
| E-Mail: |  | |
| 1st language: English | | | Very Good  Good  Fair  Poor | |
| 2nd language: French | | | Very Good  Good  Fair  Poor | |
| 3rd language: German | | | Very Good  Good  Fair  Poor | |

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| **c)** |  |
| Title (Mr., Ms.) : |  |
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| City: |  |
| Office Tel: |  |
| Office Fax: |  |
| E-Mail: |  |
| |  |  | | --- | --- | | 1st language: English | Very Good  Good  Fair  Poor | | 2nd language: French | Very Good  Good  Fair  Poor | | 3rd language: German | Very Good  Good  Fair  Poor |   **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 76 94, E-mail:** [**elarg-enp-taiex@ec.europa.eu**](mailto: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)