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| **Application form for TAIEX Workshop** |
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| **Title** |  |
| **Beneficiary country** |  |
| **Beneficiary ministry/Service** |  |
| **Date of submission** |  |
| **Objective of the request** |  |
|  |  |
| **APPLICANT**  |
| **Authorisation from your administration**  |  |
| **Title** |  |
| **First Name** |  |
| **Family Name** |  |
| **Ministry or Institution** |  |
| **Function** |  |
| **Office address** |  |
| **Office number** |  |
| **Postcode**  |  |
| **City** |  |
| **Country** |  |
| **Office phone** |  |
| **E-mail** |  |
|  |  |
| **PERSON SUBMITTING** |  |
| **Title** |  |
| **First Name** |  |
| **Family Name** |  |
| **Ministry or Institution** |  |
| **Function** |  |
| **Office address** |  |
| **Office number** |  |
| **Postcode**  |  |
| **City** |  |
| **Country** |  |
| **Office phone** |  |
| **E-mail** |  |
|  |  |
| **What will the Member State Expert(s) focus on during the visit?**  |  |
| Legislation Implementation Institutional development |
|  |  |
| TARGET AUDIENCE |
| Specify if officials from Ministries, institutions, regulatory authorities, professional associations or other |  |
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| EU LEGISLATION CONCERNED |
| Please provide references to regulations, directives etc.  |  |
|  |  |
| ADDITIONAL INFORMATION  |
| Proposed indicative date  |  |
| Expected number of participants  |  |
|  |  |
| **MAIN TOPICS/CONTENT**  |
| Please list in detail the issues you would like to discuss with the Member States expert(s), such as legislation, strategies, training and any other elements of relevance  |  |
|  |  |
| CURRENT SITUATION/JUSTIFICATION  |
| Please describe briefly the current situation related to the sector of legislation concerned and provide all information that can contribute to the evaluation of your application  |  |
|  |  |
| 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?  | Yes No |
|  |  |
| If yes, please provide details  |  |
|  |  |
| Logistics |  |
|  |  |
| **Member State administration(s) from which you wish to receive the expertise**  |
| Preferred Member State |  |
| Member State Authority/Institution (if known) |  |
| Do you know the Member State expert from whom you wish to receive expertise (Optional)?  |  |
| Title |  |
| First Name |  |
| Family Name |  |
| Ministry or Institution |  |
| Function |  |
| Office address |  |
| Office number |  |
| Postcode  |  |
| City |  |
| Country |  |
| Office phone |  |
| E-mail |  |
|  |  |
| Specific requirements (number of years of experience, specific knowledge etc..).  |  |
|  |  |
| Contact person for administrative questions and practical matters related to this event  |  |
| Title |  |
| First Name |  |
| Family Name |  |
| Ministry or Institution |  |
| Function |  |
| Office address |  |
| Office number |  |
| Postcode  |  |
| City |  |
| Country |  |
| Office phone |  |
| E-mail |  |
|  |  |
| **Is interpretation required?** | Yes No |
| Contact person for the evaluation of the impact of TAIEX assistance  |  |