



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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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

Title¹:

First name:

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.

Surname:

Function:

Office Tel.:

Office Fax:

E-mail:

Date of consultation:

Supporting comments:

Signature (if applicable):

2. Study Visit Content

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)

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).

3. Logistical aspects

a) Is there a Member State administration/organisation that you wish to visit?

Preferred Country (choice cannot always be guaranteed)

Hosting Member State Authority/Institution (if known)

Do you know the person from whom you wish to receive expertise?

Title:

First Name:

Surname:

Ministry or Institution:

Department:

Function:

Office address (street/number/office number)

Post code:

City:

Office Tel:

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):

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:

Very Good Good Fair Poor

d) Transport and accommodation preferences

We would like to travel by: Plane Train Other Please select one option

We would like TAIEX to book a hotel: : Yes No

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.

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:	
Office address (street/number/office number):	
Post code:	
City:	
Office Tel:	
Office Fax:	
Email:	
Will you also participate to the Study Visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:	

b)

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:	

c)

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:	

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