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| **Application form for TAIEX Study Visit** | | |
|  |  | |
| **Title** |  | |
| **Beneficiary country** |  | |
| **Beneficiary ministry/Service** |  | |
| **Date of submission** |  | |
| **Objective of the request** |  | |
| **Why is a study visit requested?** |  | |
| **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 | |  |
|  | |  |
| 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 | |  |
|  | |  |
| Participants | |  |
| **Title** | |  |
| **First Name** | |  |
| **Family Name** | |  |
| **Ministry or Institution** | |  |
| **Function** | |  |
| **Office address** | |  |
| **Office number** | |  |
| **Postcode** | |  |
| **City** | |  |
| **Country** | |  |
| **Office phone** | |  |
| **E-mail** | |  |
| **1st language - English** | | Poor  Fair  Good  Very Good |
| **2nd language – French** | | Poor  Fair  Good  Very Good |
| **3rd language – German** | | Poor  Fair  Good  Very Good |