

TAIEX application form - IPA, ENI

1. Request

Project Type*:

- Workshop Expert Mission Study Visit

Project title*:

Beneficiary country*:

Ukraine

Beneficiary Ministry/Service*:

The exact day of the submission to the European Commission

Date of submission:

Objective of the request*:

Місткість пункту – 3500 знаків з пробілами

Contact Point*:

near-TAIEX@ec.europa.eu

2. Applicant

	Person submitting the Application	Authorisation from your administration
Title (Mr, Ms) *:		
First name*:		
Family name*:		
Ministry or Institution*:		
Function*:		
Office address*:		
Office number*:		
Postcode:		
City*:		
Country*:	Ukraine	Ukraine
Office phone*:		
E-mail*:		

3. Content

3.1 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)

3.2 EU legislation concerned

Please select the (sub) chapter(s)

Please select relevant keyword(s)

Please give reference to regulations, directives etc.

3.3 Additional information

Proposed indicative date(s):

Duration (days):

Expected number of participants:

3.4 Main topics/content

Please list in details the issues you would like to discuss with the Member States expert(s), such as legislation, infrastructure, strategies, training and any other elements of relevance*

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3.5 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.

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3.6 Previous TAIEX and Twinning assistance

Yes No

If yes, please indicate details:

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3.7 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 indicate details:

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4. Logistics

4.1 Member State administration(s) from which you wish to receive the expertise

Preferred Member State (choice cannot always be guaranteed)

Member State Authority/Institution (if known)

4.5 Contact person for the evaluation of the impact of TAIEX assistance

E-mail*:

Please Note:

The information contained in this form will be made available on-line to the Permanent Representation, or Mission of your country in Brussels. All applications received directly from administrations of beneficiaries will be forwarded to the EU Delegation / Office concerned for a preliminary evaluation. Personal data contained in this document will be processed in accordance with the privacy statement of the TAIEX instrument (See http://ec.europa.eu/neighbourhood-enlargement/taix/privacy-statement/index_en.htm) and in compliance with the Regulation (EC) N° 45/2001.