TAIEX application form - IPA, ENI

1. Request

Project Type*:

☐ Workshop ☐ Expert Mission ☐ Study Visit

Project title*:

Beneficiary country*:	Ukraine
Beneficiary Ministry/Service*:	
Date of submission:	*The exact day of the submission to the European Commission*

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*

Місткість пункту – 3500 знаків з пробілами

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.

Місткість пункту – 3500 знаків з пробілами

3.6 Previous TAIEX and Twinning assistance

□ Yes □ No

If yes, please indicate details:

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:

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)	

4.2 Do you know the Member State(s) expert(s) from whom you wish to receive expertise (Optional)?

Title (Mr, Ms) *:		
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.).

4.3 Contact person for administrative questions and practical matters related to this event

Title (Mr, Ms) *:	
First name*:	
Family name*:	
Ministry or Institution*:	
Function*:	
Office address*:	
Office number*:	
Postcode:	
City*:	
Country*:	Ukraine
Office phone*:	
E-mail*:	

4.4 Is interpretation required?

☐ Yes ☐ No

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/taiex/privacy-statement/index_en.htm) and in compliance with the Regulation (EC) N° 45/2001.