



Application form for TAIEX Expert Mission

Project title: Expert Mission on

N.B.: only type-written and fully completed applications will be accepted

Beneficiary country:

Beneficiary Ministry/Service:

Date of submission:

Objective of the Expert Mission:

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1. Authorisation from Hierarchy (Head of EU integration department or technical dept.)

Title ¹ :	
First name:	
Surname:	
Function:	
Office Tel.:	
Office Fax:	
E-mail:	
Date of consultation:	
Supporting comments:	
Signature (if applicable):	

Please complete and return to:

**European Commission , Institution Building unit (TAIEX)
Rue de la Loi 200, B-1049 Brussels
Fax: +32-2-296 76 94 E-mail: elarg-taix@ec.europa.eu**

¹ Personal data contained in this document will be processed in accordance with the privacy statement of the TAIEX instrument (See <http://taix.ec.europa.eu/privacystatement>) and in compliance with the Regulation (EC) N° 45/2001.

2. Expert Mission Content

a) What will the Member State Expert(s) focus on during the visit?

Legislation Implementation Institutional development

b) EU legislation concerned (please give reference to regulations, directives etc.) and chapter of the *Acquis* and details of provisions for discussion

CELEX N°/Natural number:

Type of legislation:

Screening chapter:

c) Outline your current situation concerning the EU legislation indicated and mention any recent developments that may be relevant in this regard (e.g. give details of the stage of preparation of the legislation, outline the timetable for the adoption of the legislation)

d) Is there any planned or currently running PHARE/CARDS/TWINNING or other project that is dealing with the issues covered by the request? Yes No

If yes, please indicate details:

e) Draft programme for the Expert mission:

Please list in detail the issues you would like to discuss with the Member State expert, such as implementing regulations, infrastructure, strategies, training and any other elements of relevance:

3. Logistical aspects

a) Is there a Member State Administration/Organisation from which you wish to receive the expertise? (this information is mandatory for applicants from beneficiary Member States)

Preferred Country (choice cannot always be guaranteed)

Hosting Member State Authority/Institution (if known)

Do you know the Member State expert 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) When would you like to receive the Expert?

Date/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

<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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2nd language:

<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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3rd language:

<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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4. List of Participants

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 Expertise

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 expert mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Details of the person(s) participating to the Expertise**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:	

d)

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: The information contained in this form will be made available on-line to the Mission and the Embassy of your country in Brussels.

All applications received directly from the Western Balkans' administrations will be forwarded to the EU Delegation in the country concerned, and in the case of Kosovo(UNSCR1244) to the EC-Liaison Office, for a preliminary evaluation.