



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

Title <sup>1</sup> :	
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](mailto:elarg-taix@ec.europa.eu)**

<sup>1</sup> 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. Study Visit Content

**a) What will be the task of the host institution concerned?**

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 of 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 etc.)**

**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 study visit:**

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

### 3. Logistical aspects

**a) Is there a Member State administration/organisation that you wish to visit?  
(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 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) Preferred date of the Study Visit (indicate week number and proposed duration of the visit)**

Year:

Calendar week:

Duration (maximum 5 working days):

**c) Language knowledge (please state the language(s) and indicate your level of competence)**

1<sup>st</sup> language: English

Very Good  Good  Fair  Poor

2<sup>nd</sup> language:

Very Good  Good  Fair  Poor

3<sup>rd</sup> 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.

<b>1. Details of the applicant acting as main co-ordinator requesting the Study visit</b>	
Title (Mr., Mrs.) <sup>2</sup> :	
First Name:	
Surname:	
Ministry or Institution:	
Department:	
Function:	
Office address (street/number/office number):	
Post code:	
City:	
Office Tel:	
Office Fax:	
Email:	

### 2. Details of the person(s) participating in the Study visit

**a)**

Title (Mr., Mrs.) :	
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., Mrs.) :	
First Name:	

<sup>2</sup> 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:	
Ministry or Institution:	
Department:	
Function:	
Office address (street/number/office number):	
Post code:	
City:	
Office Tel:	
Office Fax:	
E-Mail:	

**c)**

Title (Mr., Mrs.) :	
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.**