



**TAIEX application form - Twinning Review Mission**

**1. Request**

**Type:**

Twinning Review Mission

**Twinning Project**

*[Twinning reference number – Project title]*

**Date of the final report:**

|  |
| --- |
|  |
|  |
|  |
| [near-taiex@ec.europa.eu](mailto:near-taiex@ec.europa.eu) |

**Proposed indicative date:**

**Date of submission:**

**Contact Point:**

Contact details: Rue de la Loi 15, B-1000 Bruxelles/Wetstraat 15, B-1000 Brussel - Belgium - Office: L-15 04/091. Telephone: switchboard +32-2-229-67307. [Email: near-T](mailto:near-TAIEX@ec.europa.eu)[AIEX@ec.europa.eu](mailto:AIEX@ec.europa.eu)



**2. Applicant**

# Person submitting

Title (Ms, Mr)**:** First Name**:** Family Name**:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Ministry or Institution**:** Function**:**

Office phone**:** Email**:**

# Authorisation

Title (Ms, Mr)**:** First Name**:** Family Name**:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Ministry or Institution**:** Function**:**

Office phone**:** Email**:**

**3. Logistics**

* 1. **Lead Member State**
  2. **Junior Partners**
  3. **Resident Twinning Advisor details (for Twinning Light: Member State Project Leader):**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Title (Ms, Mr)**:**

First Name**:**

Family Name**:**

Office phone**:**

Email**:**

# ​Beneficiary administration contact person for administrative questions and practical matters related to this event

Contact details: Rue de la Loi 15, B-1000 Bruxelles/Wetstraat 15, B-1000 Brussel - Belgium - Office: L-15 04/091. Telephone: switchboard +32-2-229-67307. [Email: near-T](mailto:near-TAIEX@ec.europa.eu)[AIEX@ec.europa.eu](mailto:AIEX@ec.europa.eu)

Title (Ms, Mr)**:**



|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

First Name**:**

Family Name**:**

Ministry or Institution**:**

Office phone**:**

Email**:**

* 1. **Contact Person from Contracting Authority (if different from EUD)**
  2. **Is the final report available? (**If yes, please attach a copy to this request)

*Yes/No*

* 1. **Has the Beneficiary administration already been informed of this request?**

*Yes/No*

* 1. **Contact person for the evaluation of the impact of TAIEX assistance**

**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. This application form has a validity period of two years from the date that it was submitted; TAIEX reserves the right to cancel any event that has not been implemented within the two year period.

Contact details: Rue de la Loi 15, B-1000 Bruxelles/Wetstraat 15, B-1000 Brussel - Belgium - Office: L-15 04/091. Telephone: switchboard +32-2-229-67307. [Email: near-T](mailto:near-TAIEX@ec.europa.eu)[AIEX@ec.europa.eu](mailto:AIEX@ec.europa.eu)