

## TAIEX application form - IPA, ENI

1. Request

Project Type*:					
Workshop	¡ Expert Mission	i Study Visit	Series of     Events		
Project title*:					
Transplantation					
Beneficiary country*:		Georgia			
Beneficiary Ministry/Service*:		Ministry of Labour, He	Ministry of Labour, Health and Social Affairs of Georgia		
Date of submission*:		12/10/2017	12/10/2017		
Objective of the request*:					
Please include a list of the worksh the above-mentioned project and information will be required later	the relevant Chapte	er/Sub-chapter of EU Le	you would like to request within gislation cited later. (Participant		
afasgfafafa					
Contact Point*:		near-taiex@ec.europa	.eu		

	Person submitting the Application	Authorisation from your administration
Title (Ms,Mr)*:		
First Name *:		
Family Name *:		
Ministry or Institution*:		
Function:		
Office address:		
Office number:		
Postcode:		
City:		
Country*:		
Office phone:		
E-mail *:	mmkurnali@moh.gov.ge	
	3. Conten	t
3.1 What will the Me	ember State Expert(s) focus on during	the visit?*
·· Legislation	·· Implementation	Institutional development
Target audience*:		
Specify if officials fr	om Ministries, institutions, regulatory a	uthorities, professional associations or other)

2. Applicant

Please give reference to EU regulations, directives etc.

Experience in Acquis Chapters

Keywords

3.3 Additional information	
Event 1	
Proposed indicative date of the exchange/event:	
Duration (days):	
Expected number of participants:	
Main topics/content	
Please list in details the issues you would like to discuss infrastructure, strategies, training and any other elemen expected impact/outcome of the requested assistance*	
2 A Commont citration/justification	
3.4 Current situation/justification Please describe briefly the current situation related to the	ne sector of legislation concerned and provide all
information that can contribute to the evaluation of you	-
3.5 Previous TAIEX and Twinning assistance*	
¡ Yes ¤ No	
If yes, please provide details thereof:	
3.6 Is there any planned or currently running project	

i Yes

¤ No

If yes, please provide	details thereof:		

Preferred Member State (The choice cannot be alw guaranteed), Optional	iys
Member State Authority/Institution (if known)	
1.2 Do you know the Member State exper	t from whom you wish to receive expertise (Optional)?
Title (Ms,Mr)*:	
First Name *:	
Family Name *:	
Ministry or Institution*:	
Function:	
Office address:	
Office number :	
Postcode:	
City:	
Country*:	
Office phone:	
E-mail *:	

4. Logistics

4.5 Beneficiary contact person for adn	mmstrauve qu	estions and practical matter	rs related to this event
Title (Ms,Mr)*:			
First Name *:			
Family Name *:			
Ministry or Institution*:			
Function:			
Office address:			
Office number:			
Postcode:			
City:			
Country*:			
Office phone:			
E-mail *:			
4.4 Is interpretation required?	j Yes	¤ No	
4.5 Contact person for the evaluation	of the impact o	f 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. 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. Personal data contained in this document will be processed in accordance with the privacy statement of the TAIEX instrument (See https://webgate.ec.europa.eu/TMSWebRestrict/publicDocument?id=149) and in compliance with the Regulation (EC)  $N^{\circ}$  45/2001.



In coherence with the EU Gender Action Plan 2016-2020 TAIEX strives to promote gender equality by aiming at equal participation of women and men in its events and by engaging both women and men as experts.