

## OECD Nuclear Energy Agency

### International Nuclear Law Essentials Application for admission to the 2017 session 20-24 February 2017

Thank you for your interest in the International Nuclear Law Essentials programme.

Please scan and submit your completed application form via email to: [inle@oecd-nea.org](mailto:inle@oecd-nea.org). Be sure to sign your application form on page 6.

Applications will be processed on a rolling basis. All applications should be received by **3 February 2017**.

*It is advisable to apply as early as possible because a limited number of spaces are available.*

The programme registration fee must be paid *by bank transfer only* and in full prior to the start of the course on 20 February 2017. *Course participation will be confirmed only upon payment in full of the registration fee.*

For all inquiries regarding the application process, please contact:

OECD Nuclear Energy Agency  
Office of Legal Counsel  
46, quai Alphonse Le Gallo  
92100 Boulogne-Billancourt  
France

Telephone: +33 (0) 1 45 24 10 35

E-mail: [inle@oecd-nea.org](mailto:inle@oecd-nea.org)

**I. PERSONAL INFORMATION\***

|   |                                       |  |                             |
|---|---------------------------------------|--|-----------------------------|
| <input type="checkbox"/> Mr   | <input type="checkbox"/> Mrs          | <input type="checkbox"/> Ms                        | <input type="checkbox"/> Dr |
| <b>Surname</b>  |                                       | <b>First name(s)</b>                               |                             |
| <b>Sex</b>  |                                       | <b>Nationality(ies)</b>                            |                             |
| <b>Date of birth (format: dd mm yyyy)</b>   |                                       | <b>Place of birth (city and country)</b>           |                             |
| <b>Native language</b>  |                                       | <b>Passport number (non-French nationals only)</b> |                             |
| <p>* Please ensure that your first name and surname (i.e. family name) appear exactly as indicated on your passport or National Identity Card (for French nationals only) and that the date of birth, place of birth and passport number are correct.</p> |                                       |  |                             |
| <b>CONTACT INFORMATION</b>  |                                       |  |                             |
| <b>Check one:</b>   | <input type="checkbox"/> Professional | <input type="checkbox"/> Personal                  |                             |
| <b>Street / Number</b>  |                                       | <b>City</b>  |                             |
| <b>State / Province</b>   |                                       | <b>Postal code</b>                                 |                             |
| <b>Country</b>  |                                       | <b>E-mail address</b>                              |                             |
| <b>Telephone (including country code)</b><br>+  |                                       | <b>Mobile phone (including country code)</b><br>+  |                             |

## II. Languages

Complete the table below indicating your degree of proficiency in English by using the following symbols: M = mother tongue, A = good, B = average, C = elementary, D = no knowledge

**All course instruction and discussion will take place in English; all course materials will be provided in English. Simultaneous translation will not be available.**

|                | Reading | Comprehension | Speaking | Writing | Language certifications/diplomas<br>(title in English, e.g. TOEFL) |
|----------------|---------|---------------|----------|---------|--|
| <b>English</b> |         |               |          |         |  |

## III. PROFESSIONAL RECORD

### Professional and other activities

Please provide all relevant information, starting with current position, or attach a current resume or CV.

| Job title | Description of employment or activity | Name and address of employer or organisation | Dates |    |
|-----------|---------------------------------------|--|-------|----|
|           |                                       |  | From  | To |
|           |                                       |  |       |    |
|           |                                       |  |       |    |
|           |                                       |  |       |    |
|           |                                       |  |       |    |
|           |                                       |  |       |    |

#### **IV. REGISTRATION FEE**

The EUR 2 500 registration fee includes admission solely for the participant to:

- the general lecture and discussion sessions and
- social events, including a welcome reception

Print and electronic reference materials will also be provided to INLE participants.

The registration fee is not subject to French taxes of any kind.

Costs associated with travel, accommodation, subsistence expenses, insurance and any other miscellaneous items are not covered by the registration fee and shall be borne exclusively by the participant.

**V. PAYMENT**

The registration fee must be paid *by bank transfer only* and in full prior to the start of the course on **20 February 2017**.

If your **employer or another third party** will pay your registration fee, please provide the contact information for the point of contact responsible for this payment:

|              |  |
|--------------|--|
| Name         |  |
| Organisation |  |
| Address      |  |
| E-mail       |  |
| Telephone    |  |

## VI. CONDITIONS

The NEA will process refunds only for absence due to medically-certified illness.

Confirmed participants may have the right to transfer their course registration to another person or to the next INLE session, subject to certain conditions.

## VII. INSURANCE

Participation is conditional on acceptance of the following condition:

- I acknowledge that I will obtain insurance covering illness, hospitalisation and repatriation during the whole period of my stay in France to participate in the International Nuclear Law Essentials programme. I accept that the OECD Nuclear Energy Agency decline any responsibility in case of accident or illness occurring during this period of time.

## VIII. PHOTOGRAPH

Please submit a digital passport photograph with your e-mail application.

## IX. SIGNATURE

The undersigned certifies that the statements made on this application form are complete and true.

*(Provide a digital or handwritten signature)*

|                |  |
|----------------|--|
| Signature      |  |
| Place and date |  |

## X. OPTIONAL QUESTION: How did you hear about the International Nuclear Law Essentials programme?

- Co-worker / Employer       Colleague / Friend       NEA Website  
 NEA E-mail       LinkedIn       Twitter  
 Facebook       Other: \_\_\_\_\_

**Information for List of Participants**

If you are selected to participate in the International Nuclear Law Essentials, you will be included in the list of participants prepared especially for the programme. This is valuable reference material for the programme and the future.

Please provide, in English, the information that you would like to have included.

Please check here if you do not wish to have your photograph included in the list of participants

|                                |                              |                             |                             |
|--------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Mr    | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr |
| <b>Surname or family name</b>  |                              |                             |                             |
| <b>First name</b>              |                              |                             |                             |
| <b>Nationality</b>             |                              |                             |                             |
| <b>Job Title</b>               |                              |                             |                             |
| <b>Employer / Organisation</b> |                              |                             |                             |
| <b>Contact information</b>     | <b>Mailing address</b>       |                             |                             |
|                                | <b>E-mail address</b>        |                             |                             |
|                                | <b>Phone number</b>          |                             |                             |