**International Nuclear Law Essentials**

## Application for Admission to the 2020 Session

**17 – 21 February 2020**

**Paris, France**

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

Submit your completed application via email to: inle@oecd-nea.org.

* Application forms must be completed in English.
* Be sure to certify your application on page 5.
* Attach a digital photograph (passport type) to your e-mail.
* You may attach a current resume or CV to your application. No additional documentation will be considered in the selection process.

Applications will be processed on a rolling basis. All applications should be received by **3 February 2020**.

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

The registration fee must be paid *by bank transfer only* and in full **two weeks prior** to the start of the programme. *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 73 21 28 61

E-mail: inle@oecd-nea.org

**I. PERSONAL INFORMATION\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | **Mr.** | [ ]  | **Mrs.** | [ ]  | **Ms.** | [ ]  | **Dr.** |
| **Surname or Family Name:** | **First Name(s):** |
|       |       |
| **Sex:** | [ ]  | **Male** | [ ]  | **Female** | **Nationality(ies):**  |
|       |
| **Date of Birth (format: dd mm yyyy)** | **Place of Birth (City & Country):**  |
|       |       |
| **Native Language:**  | **Passport Number:** |
|       |       |
| **\***  | Please ensure that your first name and surname (*i.e.*, family name) appear exactly as indicated on your passport and that the date of birth, place of birth and passport number are correct. |
| **CONTACT INFORMATION** |
| **Check one:** | [ ]  | **Professional** | [ ]  | **Personal** |
| **Street/Number:**  | **City:** |
|       |       |
| **State/Province:** | **Postal Code:** |
|       |       |
| **Country:** | **E-mail Address:** |
|       |       |
| **Telephone (including country code):**  | **Mobile Phone (including country code):**  |
| **+**       | **+**       |

**II. Languages**

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

Indicate your degree of proficiency in English (native, excellent, good, average or elementary) in each of the following categories:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reading** | **Comprehension** | **Speaking** | **Writing** | **Language certifications/diplomas** (title in English, e.g. TOEFL) |
| Select One | Select One | Select One | Select One |       |

**III. PROFESSIONAL RECORD**

**Professional employment and other relevant activities**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Name and Location of Employer** | **Brief Job Description** | **Dates** |
| Frommm/yy | Tomm/yy |
|       |       |       |       |       |
|       |       |       |       |       |
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**IV. REGISTRATION FEE**

The 2,200 EUR registration fee includes admission solely for the participant to:

* the general lecture and discussion sessions; and
* social events, including a welcome reception and a group dinner.

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 **two weeks prior** to the start of the programme.

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 registration fee refunds only for absence due to medically-certified illness.

Confirmed participants may have the right to transfer their 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 declines 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. CERTIFICATION**

|  |  |
| --- | --- |
| [ ]  | By checking this box I certify that the statements made on this application form are complete and true. |

|  |
| --- |
| ***To finalise your Certification, please complete your Electronic Signature below:*** |
| **Type your First and Surname/Family Name:** |       |
| **Date:** |       | **Place:** |       |

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | **Mr.** | [ ]  | **Mrs.** | [ ]  | **Ms.** | [ ]  | **Dr.** |
| **Surname or Family Name:** |       |
| **First Name:** |       |
| **Nationality:** |       |
| **Job Title:** |       |
| **Employer / Organisation:** |       |
| **Contact Information** | **Mailing Address:** |       |
| **E-mail Address:** |       |
| **Phone Number:** |       |
| [ ]  | Please check here if you do not wish to have your photograph included in the list of participants |