

Deadline: 23 May 2016

ADVICE

Before completing the form please refer to the following documents which are available from the download section of <http://www.epo.org/learning-events/eqe.html>

1. The Regulation on the European qualifying examination (REE), Supplement to Official Journal EPO 2/2014, in particular Article 11.
2. The Announcement of the European qualifying examination 2017 (Official Journal EPO 3/2016).

ELIGIBILITY

To apply for the Candidates Support project you must

A. be permanently resident and working in one of the following countries.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Albania (AL) | <input type="checkbox"/> Estonia (EE) | <input type="checkbox"/> Lithuania (LT) | <input type="checkbox"/> Serbia (RS) |
| <input type="checkbox"/> Bulgaria (BG) | <input type="checkbox"/> FYR Macedonia (MK) | <input type="checkbox"/> Malta (MT) | <input type="checkbox"/> Slovak Republic (SK) |
| <input type="checkbox"/> Croatia (HR) | <input type="checkbox"/> Iceland (IS) | <input type="checkbox"/> Monaco (MC) | <input type="checkbox"/> Slovenia (SI) |
| <input type="checkbox"/> Cyprus (CY) | <input type="checkbox"/> Greece (GR) | <input type="checkbox"/> Romania (RO) | |
| <input type="checkbox"/> Czech Republic (CZ) | <input type="checkbox"/> Latvia (LV) | <input type="checkbox"/> San Marino (SM) | |

AND

B. have successfully enrolled for and registered to sit the EQE pre examination 2017, thereby meeting the admission criteria as set out in REE Art 11, in particular with regard to your university level technical qualification and work experience.

YOUR DATA

PERSONAL DATA	
Title	
First name(s)	
Surname (as in passport)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	
Place of birth	
Nationality	

PERMANENT RESIDENTIAL ADDRESS	
Street, house number	
Street, house number	
Town/City	
Province/ Region/State	
Country	

CORRESPONDENCE ADDRESS (only if different to above)	We may need to send you small packages (books etc.). If you do not wish to receive these at your permanent residence (above), please indicate your preferred postal address here.
Street, house number	
Street, house number	
Town/City	
Province/ Region/State	
Country	

EMPLOYER`S DETAILS	
Company name	
Address	
Address	
Town/City	
Province/ Region/State	
Country	
www address	
Email address	
Telephone no. (incl. country code)	

CONTACT DETAILS	Our communication with you will be primarily by email, backed up by mobile phone. Please indicate the email address and phone number you would like us to use.
Your e-mail	
Your mobile phone (incl. country code)	
Emergency contacts	Name:
	Phone:

LANGUAGE SKILLS	Please attach a certificate if available
Mother tongue	
Language in which you will sit the EQE	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German
Proficiency in your chosen EQE language ¹	
	Basic User A1 <input type="checkbox"/> A2 <input type="checkbox"/>
	Independent User B1 <input type="checkbox"/> B2 <input type="checkbox"/>
	Proficient User C1 <input type="checkbox"/> C2 <input type="checkbox"/>

DECLARATION
<p>I declare that, to the best of my knowledge, all information provided in this form is complete and accurate; I have not withheld or distorted any information. I understand that the request will not be granted if any information given is found to be untrue.</p> <p>I accept that the grant of my application is subject to the EPO's discretion. The EPO is not obliged to justify its decision regarding my application.</p> <p>I agree that the EPO may exchange relevant information regarding my participation in the CSP, with other external partners (NPOs, Course trainers and coaches, postal services).</p>

Name	Place.....
Signature.....	Date.....

¹ see https://en.wikipedia.org/wiki/Common_European_Framework_of_Reference_for_Languages

NEXT STEP

To finalise your application you will need the following documents:

- Motivation letter explaining your interest in the CSP
- Proof of place of permanent residence
- Company/supervisor`s letter supporting you in this activity and confirming your place of work
- Application form completed and signed

Please submit the above 4 documents **as a single pdf or fax** to the following address:

National patent office contact details:

State Intellectual Property Office of the Republic of Croatia
for EQE - CSP
ul. Grada Vukovara 78
10000 Zagreb
Tel: +385 1 61 06 243
Fax: +385 1 61 12 017
e-mail: akademija@dziv.hr

All documents must be received by DEADLINE: 23 May 2016

Your documents will then be reviewed by the national CSP Applicant Review Board, and submitted by the Board to the EPO for final selection.

All applicants will be notified of the EPO's decision by email by mid July 2016.

Successful applicants will be invited to attend an Introductory meeting in the week of 5-9 September 2016.