

Prior to completing and submitting this application form, you must have read all the details regarding this project provided by the European Patent Office and your national patent office, as well as the requirements for "Admittance and enrolment" to the EQE, as published on the EPO website (www.epo.org/eqe).

Applicant's details	
Surname: (as registered in your passport)	
Title:	
First name(s):	
Gender (male/female):	
Place of birth:	
Date of birth:	
Nationality:	
Other nationality: (if applicable)	
Correspondence address:	
Street, house number	
Postcode & City/Town	
Country	
Private e-mail address:	
Private telephone number: (with Country Code)	
Company/Employer:	
Company address:	
Street, house number	
Postcode & City/Town	
Country	
E-mail address:	
Business telephone number:	

Regarding the European Qualifying Examination	
Intended technical specialisation: (Chemical or Electricity/Mechanics)	
Please describe the aspects of your daily work which concern patents:	

Language skills	
Mother tongue:	
Language in which you intend to sit the EQE: (English, French, or German)	
What is your current language proficiency in this language:	<i>Please supply a copy of certificate(s) showing the level attained.</i>
Listening	
Reading	
Speaking	
Writing	

Declaration

I hereby declare that, to the best of my knowledge, all information and particulars provided in this form are true, complete and accurate; and that I have not withheld or distorted any information or particulars. I understand that the request will not be granted if any information given is found to be untrue.

I am familiar with the Regulation on the European qualifying examination (REE), Supplement to Official Journal EPO 2/2014; see also: <http://www.epo.org/learning-events/eqe.html>) and with the Announcement of the European qualifying examination 2015 (Official Journal EPO 3/2014, A35).

I declare that I have met the required eligibility requirements for enrolment in the EQE.

I declare that I have registered to sit the EQE Pre-examination 2015.

I accept that the grant of my application is subject to the EPO's discretion and that the EPO shall not be obliged to inform the applicant as to the reason why he/she was not successful.

I agree that the EPO may exchange relevant information regarding my participation in the CSP, with other external partners (NPOs, CEIPI, *epi*, language training providers, hotels).

I have noted the information on data protection (point 10 of the Announcement 2015).

Date and place:

Signature:

You are kindly requested to submit a short motivation letter with your application form, describing:

- why participation in the project is so important to you,
- what qualifies you to be part of the project,
- how you would plan your study time,
- how determined you are to pass the EQE, and
- if you foresee any risk of not achieving the objectives of the project.

The letter must confirm your commitment to a long term career as a patent attorney.

Furthermore, you should supply a letter from your company supervisor, stating that they will support your participation in the CSP, and allow you to participate in the training events provided to you.

Your application form, motivation letter, and letter from your supervisor should be sent as soon as possible to the respective national patent office, and should arrive no later than **Monday 19 May 2014**.

You must submit your complete application either as a single PDF file per e-mail, or as a fax to the address given below. Submissions per e-mail and per fax are preferred, in order that they can be processed as soon as possible.

All application forms and motivation letters will be reviewed by the respective national CSP Applicant Review Board, prior to submission to the EPO for final selection.

All applicants will be notified of the EPO's decision by no later than 31 July 2014.

Successful applicants will be invited to attend the Kick-off meeting in September 2014.

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

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