Twinning request form – P-member

This form shall be completed by each of the partners wishing to engage in a Twinning arrangement and submitted to the TPM for review (copied to the committee secretariat for information).

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| **ISO Member body (LEAD PARTNER) making the request**Click here to enter text.**Date**Click here to enter a date.**Contact person**Click here to enter text.**First name**Click here to enter text.**Last name**Click here to enter text.**E-mail**Click here to enter text.**Phone**Click here to enter text.**Address**Click here to enter text. | **ISO Member body (TWINNED PARTNER) making the request**Click here to enter text.**Date**Click here to enter a date.**Contact person**Click here to enter text.**First name**Click here to enter text.**Last name**Click here to enter text.**E-mail**Click here to enter text.**Phone**Click here to enter text.**Address**Click here to enter text. |
| **Committee in which a Twinning relationship is requested**Click here to enter text. |
| **Statement by requesting ISO Member body (TWINNED PARTNER) demonstrating the need for capacity building and explaining what kind of capacity-building this agreement will target**Click here to enter text.[ ]  Annex attached**NOTE:** See section 2 of the [‘Revised requirements and process for Twinning’](https://isotc.iso.org/livelink/livelink/fetch/-15620806/15620808/15623592/19802879/Revised_requirements_and_process_for_Twinning.pdf?nodeid=19803644&vernum=-2) document for the guidelines and suggested experience for being a ‘lead’ or ‘twinned’ partner |
| **Statement by requesting ISO Member body (LEAD PARTNER) demonstrating competencies and resources to support capacity building**Click here to enter text.[ ]  Annex attached**NOTE:** See section 2 of the [‘Revised requirements and process for Twinning’](https://isotc.iso.org/livelink/livelink/fetch/-15620806/15620808/15623592/19802879/Revised_requirements_and_process_for_Twinning.pdf?nodeid=19803644&vernum=-2) document for the guidelines and suggested experience for being a ‘lead’ or ‘twinned’ partner |
| **Goals and expected outcome of the Twinning arrangement**Click here to enter text. |
| **Proposed time frame of the Twinning arrangement (start date – end date)\***Click here to enter text.\* The maximum is 5 years for a Twinning arrangement |
| [ ]  **The requesting Member bodies commit to submitting a completed Twinning Agreement and Collaboration Plan within 3-months of the approval of this Twinning arrangement** |