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).

|  |  |
| --- | --- |
| **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** | |