Twinning request form – Secretariat or Chair

This form shall be completed by each of the partners wishing to engage in a Twinning arrangement and submitted to the TMB secretariat at [tmb@iso.org](mailto:tmb@iso.org) with the TPM in copy.

**NOTE:** Requests for secretariat or chair Twinning arrangements (at TC, PC or SC level) must be approved by the ISO Technical Management Board (TMB). This form will be submitted to the TMB for a 4-week ballot, along with any supplementary information provided by the requesting members.

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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. | **Type of Twinning requested**  Secretariat  Chair |
| **Please give the contact details and qualifications (CVs) of the proposed Chair / Vice-Chair**  Click here to enter text.  Annex attached | |
| **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** | |