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| **Call for expressions of interest to establish a EUAA list of local MED COI experts****Annex I APPLICATION FORM** |

**1. PERSONAL DETAILS**

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| --- | --- |
| **nAME:** |  |

|  |  |
| --- | --- |
| **FIRST NAME:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SEX:** | **F:** |  |  | **M:** |  |  **Date of Birth** **(DD/MM/YYYY):** |  |

|  |  |
| --- | --- |
| **NATIONALITY:** |  |

**ADDRESS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **STREET** |  | **street n°** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **post code:** |       |  **Postbox n:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **TOWN/CITY** |       |  **COUNTRY:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **telephone number:** |       |  **fax number:** |       |

|  |  |
| --- | --- |
| **E-MAIL:** |       |

|  |  |
| --- | --- |
| **WebSITE:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **SELF EMPLOYED (YES/NO)** |  | **employed****yes/no** |  |

**STATUS (IF SELF EMPLOYED) :**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOCIAL SECURITY NUMBER** |       | **VAT NUMBER:** |       |

**2. POST-SECONDARY EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of institution** | **From****(dd/mm/yyyy)** | **To****(dd/mm/yyyy)** | **Degree / Specialisation obtained**  |
|  |  |  |  |
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**3. EMPLOYMENT**

Please fill out starting with your present job and continuing in reverse chronological order (present/last job first). Indicate if you have worked full-time (FT) or part-time (PT). If part-time, indicate the percentage compared to full-time.

Please indicate only the jobs you hold/have held and for which you can provide a certification of the period actually worked (i.e., contract).

If you include traineeship / internship / fellowship placements, please indicate this in the ‘post/rank’ field and state whether remuneration was given.

Please copy below table as many times as needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From** | **(dd/mm/yyyy)** | **To** | **(dd/mm/yyyy)** | **Total****Experience**  | **(YY, mm)** | **Full time/ part time (%)** |
| Name and address of employer: |  |
| Exact designation/ title of post/rank: |  |
| Description of duties: |  |
| Explanation for the relevance for the Field(s) mentioned in below point 5. Fields (Please indicate A, B,C, D, and/or E) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From** | **(dd/mm/yyyy)** | **To** | **(dd/mm/yyyy)** | **Total****Experience**  | **(YY, mm)** | **Full time/ part time (%)** |
| Name and address of employer: |  |
|  Exact designation/ title of post/rank: |  |
| Description of duties: |  |
| Explanation for the relevance for the Field(s) mentioned in below point 5. Fields (Please indicate A, B,C, D, and/or E)  |  |

**4. linguistiC AND IT SKILLS**

**LinGuistic skills**

 **(LEVEL: ELEmentarY = 1; AVERAGE = 2; GOOD = 3; VERY GOOD = 4)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **language** | **written level** | **reading level** | **conversation level** |
| **LANGUagE 1:** |  |  |  |  |
| **LANGUagE 2:** |  |  |  |  |
| **LANGUagE 3:** |  |  |  |  |
| **LANGUagE 4:** |  |  |  |  |

**IT SKILLS**

|  |  |
| --- | --- |
| **IT SKILL** | **LEVEL** |
|  |  |
|  |  |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **5. Fields** |

Please choose at least one field from the following list:

|  |  |
| --- | --- |
|  | Delete what is not applicable: |
| A | General or case-specific Information on medication availability  | YES/ NO |
| B | General or case-specific information on medication prices, cost coverage | YES/ NO |
| C | General or case-specific information on availability of medical treatments | YES/ NO |
| D | General or case-specific information on medical treatments’ prices, cost coverage. | YES/ NO |
| E | General or case-specific Information on- insurance schemes (public and private),- social protection schemes- healthcare system | YES/ NO |

**6. Country[[1]](#footnote-1)**

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| Please insert a country. If you are unable to provide the requested services in certain regions/areas of the mentioned Country, please specify. |
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**7. Explanation of local professional/medical**

**network in the Specified Country**

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| --- |
| Please describe below your current local medical/healthcare network/local contacts and explain how you would keep it up-to date. For example, in terms of medical specialities, pharmaceutical contacts (like central pharmacies, hospitals pharmacies, network of pharmacies), university hospitals and other tertiary hospitals with an overview of the countries’ medical treatment possibilities, professional experiences in various medical specialities, facilities/hospitals you have worked before etc**.** Please note that personal details of persons in your local network are not required. |
|  |

 **8. Declaration on honour on
exclusion criteria and selection criteria**

The undersigned (*Name and surname*), declares on (*his/her*) honour that is not in any of the following situations which would exclude (*him/her*) from participating in this call for expressions of interest:

|  |  |  |
| --- | --- | --- |
| 1. declares that the above-mentioned person is in one of the following situations:
 | YES | NO |
| 1. it is bankrupt, subject to insolvency or winding-up procedures, its assets are being administered by a liquidator or by a court, it is in an arrangement with creditors, its business activities are suspended or it is in any analogous situation arising from a similar procedure provided for under Union or national law;
 | [ ]  | [ ]  |
| 1. it has been established by a final judgement or a final administrative decision that the person is in breach of its obligations relating to the payment of taxes or social security contributions in accordance with the applicable law;
 | [ ]  | [ ]  |
| 1. it has been established by a final judgement or a final administrative decision that the person is guilty of grave professional misconduct by having violated applicable laws or regulations or ethical standards of the profession to which the person belongs, or by having engaged in any wrongful conduct which has an impact on its professional credibity where such conduct denotes wrongful intent or gross negligence, including, in particular, any of the following:
 |  |
| (i) fraudulently or negligently misrepresenting information required for the verification of the absence of grounds for exclusion or the fulfilment of selection criteria or in the performance of a contract; | [ ]  | [ ]  |
| (ii) entering into agreement with other persons with the aim of distorting competition; | [ ]  | [ ]  |
| (iii) violating intellectual property rights; | [ ]  | [ ]  |
| (iv) attempting to influence the decision-making process of the contracting authority during the award procedure; | [ ]  | [ ]  |
| (v) attempting to obtain confidential information that may confer upon it undue advantages in the award procedure; | [ ]  | [ ]  |
| 1. it has been established by a final judgement that the person is guilty of the following:
 |  |
| (i) fraud, within the meaning of Article 3 of Directive (EU) 2017/1371 and Article 1 of the Convention on the protection of the European Communities' financial interests, drawn up by the [Council Act of 26 July 1995](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31995F1127%2803%29&from=EN); | [ ]  | [ ]  |
| (ii) corruption, as defined in Article 4(2) of Directive (EU) 2017/1371 or active corruption within the meaning of Article 3 of the Convention on the fight against corruption involving officials of the European Communities or officials of Member States of the European Union, drawn up by the [Council Act of 26 May 1997](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31997F0625%2801%29&from=EN),, or conduct referred to in Article 2(1) of [Council Framework Decision 2003/568/JHA](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32003F0568&from=EN), as well as corruption as defined in other applicable laws; | [ ]  | [ ]  |
| (iii) participation in a criminal organisation, as defined in Article 2 of [Council Framework Decision 2008/841/JHA](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32008F0841&from=EN); | [ ]  | [ ]  |
| (iv) money laundering or terrorist financing, within the meaning of Article 1(3), (4) and (5) of [Directive (EU) 2015/849](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32015L0849) of the European Parliament and of the Council; | [ ]  | [ ]  |
| (v) terrorist-related offences or offences linked to terrorist activities, as defined in Articles 1 and 3 of [Council Framework Decision 2002/475/JHA](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32002F0475&from=EN), respectively, or inciting, aiding, abetting or attempting to commit such offences, as referred to in Article 4 of that Decision; | [ ]  | [ ]  |
| (vi) child labour or other offences concerning trafficking in human beings as referred to in Article 2 of [Directive 2011/36/EU of the European Parliament and of the Council](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0036&from=EN); | [ ]  | [ ]  |
| 1. it has shown significant deficiencies in complying with the main obligations in the performance of a contract or an agreement financed by the Union’s budget, which has led to its early termination or to the application of liquidated damages or other contractual penalties, or which has been discovered following checks, audits or investigations by a contracting authority, the European Anti-Fraud Office (OLAF) or the Court of Auditors;
 | [ ]  | [ ]  |
| 1. it has been established by a final judgment or final administrative decision that the person has committed an irregularity within the meaning of Article 1(2) of [Council Regulation (EC, Euratom) No 2988/95](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31995R2988&from=EN);
 | [ ]  | [ ]  |
| 1. it has been established by a final judgment or final administrative decision that the person has created an entity under a different jurisdiction with the intent to circumvent fiscal, social or any other legal obligations in the jurisdiction of its registered office, central administration or principal place of business.
 |  |  |
| 1. for the situations referred to in points (c) to (g) above the person is subject to:
2. facts established in the context of audits or investigations carried out by the European Public Prosecutor's Office after its establishment, the Court of Auditors, the European Anti-Fraud Office (OLAF) or the internal auditor, or any other check, audit or control performed under the responsibility of an authorising officer of an EU institution, of a European office or of an EU agency or body;
3. non-final judgments or non-final administrative decisions which may include disciplinary measures taken by the competent supervisory body responsible for the verification of the application of standards of professional ethics;
4. facts referred to in decisions of entities or persons being entrusted with EU budget implementation tasks;
5. information transmitted by Member States implementing Union funds;
6. decisions of the Commission relating to the infringement of Union competition law or of a national competent authority relating to the infringement of Union or national competition law; or
7. decisions of exclusion by an authorising officer of an EU institution, of a European office or of an EU agency or body.
 | [ ]  | [ ]  |

The EUAA may ask the selected experts to provide, prior to the conclusion of a service contract, evidence in support of this declaration.

For situations described in (a), (c), (d), (f) and (g) production of a recent extract from the judicial record is required or, failing that, an equivalent document recently issued by a judicial or administrative authority in the country of establishment of the person showing that those requirements are satisfied.

For the situation described in point (b), production of recent certificates issued by the competent authorities of the State concerned are required. These documents must provide evidence covering all taxes and social security contributions for which the person is liable, including for example, VAT, income tax (natural persons only), company tax (legal persons only) and social security contributions. Where any document described above is not issued in the country concerned, it may be replaced by a sworn statement made before a judicial authority or notary or, failing that, a solemn statement made before an administrative authority or a qualified professional body in its country of establishment.

The undersigned hereby certifies that all the information given in this application is complete and correct to the best of (*his/her*) knowledge.

Date: [dd mmmm yyyy] Signature:

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| --- |
| **9. Documents TO Submit with the application form** |

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| --- | --- | --- |
| 1 | Copies of the relevant diplomas, licences or certificates of the expert mentioning degrees obtained, professional qualifications and relevant experience.  |  |
| 2 | «legal entities form – NATURAL PERSON», including a copy of a valid identity document completed and signed, accompanied by the documents mentioned in the form, which can be downloaded from the following website: https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/forms-contracts\_en#en |  |
| 3 | FINANCIAL IDENTIFICATION form, in any of EU official languages, completed and signed by the expert and his/her bank, which can be downloaded from the following website: https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/forms-contracts\_en#en |  |

1. See list of Countries in Annex V to the notice of the call. [↑](#footnote-ref-1)