**International Nuclear Law Essentials**

## Application for Admission to the 2025 Session

**3-7 March**

**Paris, France**

Thank you for your interest in the International Nuclear Law Essentials (INLE). Please read the following instructions carefully:

* Application forms must be completed in English.
* **Please attach a digital headshot-style photograph to your e-mail application.**
* While a current resume or CV may be provided with your application, please submit all necessary information in the application form. No additional documentation will be considered.
* Submit your completed application via e-mail to: [inle@oecd-nea.org](mailto:inle@oecd-nea.org).
* It is advisable to apply as early as possible because a limited number of spaces are available. Applications will be processed on a rolling basis. The number of participants is limited to 60.
* The registration fee must be paid *by bank transfer only* and in full **two weeks prior** to the start of the programme. Participation will be confirmed only upon payment in full of the registration fee.
* For all inquiries regarding the application process, please contact the INLE team at:

\* Telephone: +33 (0) 1 73 21 28 61  
\* E-mail: [inle@oecd-nea.org](mailto:inle@oecd-nea.org)

**I. PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Ms** | |  | | **Mr** | |  | **Dr** | |  | |  |
| **Gender:** |  | | **Female** | |  | | | **Male** | |  | | **I prefer not to say** | |
| **Surname or family name:** | | | | | | | **First name(s):** | | | | | | |
|  | | | | | | |  | | | | | | |
| **Date of birth (format: dd mm yyyy)** | | | | | | | **Place of birth (city and country):** | | | | | | |
|  | | | | | | |  | | | | | | |
| **Nationality(ies):** | | | | | | | **Native language:** | | | | | | |
|  | | | | | | |  | | | | | | |
| **Passport number (non-French nationals only):** | | | | | | | \* Please ensure that your first name and surname (*i.e.*, family name) appear exactly as indicated on your passport or National Identity Card *(for French nationals only)* and that the date of birth, place of birth and passport number are correct. | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | |
| **Check one:** |  | **Professional** | |  | **Personal** |
| **Street / number:** | | | **City:** | | |
|  | | |  | | |
| **State / province (if applicable):** | | | **Postal code:** | | |
|  | | |  | | |
| **Country:** | | | **E-mail address:** | | |
|  | | |  | | |
| **Telephone (including country code):** | | | **Mobile phone (including country code):** | | |
| **+** | | | **+** | | |

**II. LANGUAGE**

Indicate your degree of proficiency in English (native, excellent, good, average or elementary).

**NOTE:** All instruction and discussion will take place in English. All materials will be provided in English. Simultaneous translation will not be available.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reading** | **Comprehension** | **Speaking** | **Writing** | **Certifications / Diplomas** (title and score, e.g. TOEFL 110) |
| Select One | Select One | Select One | Select One |  |

**III. PROFESSIONAL EMPLOYMENT**

Please provide all relevant information, starting with current position.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job title** | **Name of employer** | **Field** | **Brief job description** | **Dates** | |
| From  mm/yyyy | To  mm/yyyy |
|  |  | Select One |  |  |  |
|  |  | Select One |  |  |  |
|  |  | Select One |  |  |  |

**IV. INFORMATION FOR LIST OF PARTICIPANTS**

If you are selected to participate in the INLE, you will be included in the list of participants prepared especially for the programme. This is valuable reference material for the programme and the future.

Please provide, in English, the information that you would like to have included.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | |  | | **Ms** |  | | **Mr** |  | **Dr** |  |  |
| **Surname or family name:** | | | | | |  | | | | | |
| **First name:** | | | | | |  | | | | | |
| **Nationality:** | | | | | |  | | | | | |
| **Job Title:** | | | | | |  | | | | | |
| **Employer / Organisation:** | | | | | |  | | | | | |
| **Contact information** | | | **Postal address:** | | |  | | | | | |
| **E-mail address:** | | |  | | | | | |
| **Phone number:** | | |  | | | | | |
|  | Please check here if you do not wish to have your photograph included in the list of participants | | | | | | | | | | |

**V. REGISTRATION FEE & PAYMENT**

The registration fee must be paid by *bank transfer or online payment* and in full **two weeks prior** to the start of the programme.

The NEA will process registration fee refunds only for absence due to medically-certified illness.

Confirmed participants *may* have the right to transfer their registration to another person or to the next INLE session, subject to certain conditions.

If your **employer or another third party** will pay your registration fee, please provide the contact information for the point of contact responsible for this payment:

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Telephone:** |  |

**VI. INSURANCE**

Participation is conditional on acceptance of the following condition:

|  |  |
| --- | --- |
|  | I acknowledge that I will obtain insurance covering illness, hospitalisation and repatriation during the whole period of my stay in France to participate in the International Nuclear Law Essentials programme. I accept that the OECD Nuclear Energy Agency declines any responsibility in case of accident or illness occurring during this period of time. |

**VII. HOW DID YOU HEAR ABOUT THE INLE PROGRAMME?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Co-worker / employer |  | Friend | |  | NEA Website |
|  | NEA E-mail |  | LinkedIn | |  | X (formerly Twitter) |
|  | Facebook |  | Other: |  | | |

**VIII. PERSONAL DATA PROTECTION NOTICE FOR THE INLE**

The OECD Nuclear Energy Agency (NEA) is committed to protecting the personal data it processes, in accordance with its [Personal Data Protection](https://www.oecd.org/en/about/data-protection.html) [Rules](https://www.oecd.org/content/dam/oecd/en/about/data-protection/Decision-of-the-SG-on-Personal-Data-Protection.pdf).

The NEA is using this application form to collect personal data, including name, email, address, nationality, date of birth, profession and personal photograph. The data will be used to provide acceptance letters, participant lists and certificates of attendance.

The personal data we collect will be stored on the NEA servers and retained for a period of two (2) years following completion of the INLE course. Only NEA Division of Nuclear Law staff members have access to your data.

Under the [Rules](https://www.oecd.org/content/dam/oecd/en/about/data-protection/Decision-of-the-SG-on-Personal-Data-Protection.pdf), you have rights to access and rectify your personal data, as well as to object to its processing and request erasure. To exercise these rights in connection with this programme please contact [inle@oecd-nea.org](mailto:inle@oecd-nea.org).

If you have further queries or complaints related to the processing of your personal data, please contact the [Data Protection Officer](mailto:dpo@oecd.org). If you need further assistance in resolving claims related to personal data protection you can contact the [Data Protection Commissioner](mailto:dpc@oecd.org).

**IX. CERTIFICATION**

|  |  |
| --- | --- |
|  | By checking this box, I certify that the statements made on this application form are complete and true. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***To finalise your Certification, please complete your Electronic Signature below:*** | | | | |
| **Type your First and Surname/Family Name:** | |  | | |
| **Date:** |  | | **Place:** |  |