**APPLICATION FORM**

CALL FOR FRAMEWORK PARTNERSHIPS WITH MULTIPLE BENEFICIARIES - PILOT CEPOL KNOWLEDGE CENTRES – FOR THE IMPLEMENTATION OF CEPOL TRAINING AND LEARNING ACTIVITIES ON COUNTERTERRORISM AND CSDP MISSIONS 2018-2019[[1]](#footnote-1)

RESTRICTED TO CEPOL FRAMEWORK PARTNERS

**CHECK-LIST**

Please use the TAB-key on your keyboard to navigate between the input fields, or click in the upper left corner of the input field to enter text.

|  |
| --- |
| **TYPE OF APPLICANT** |
| The CKC Leader is CEPOL Framework Partner  | [ ]  |
| All CKC partners are CEPOL Framework Partners | [ ]  |

|  |
| --- |
| **THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO CEPOL HQ IN TRIPLICATE (ONE ORIGINAL AND TWO COPIES). THE USE OF THE STANDARD FORMS IS COMPULSORY.** |
| 1. The application form, duly completed, dated and signed by the person authorised to enter into legally binding commitments on behalf of the applicant. | [ ]  |
| **A single copy of the following documents must be submitted: (to be numbered as indicated in this check-list:** |
| 2. Partners’ mandates are attached | [ ] , Yes[ ] , No |
| 3. Key expert CVs/profiles are attached | [ ] , Yes[ ] , No |

**1. INFORMATION REGARDING THE CKC Partnership**

* 1. **Identity of the Cepol Knowledge Centre (CKC) Partnership Leader (not a private person)**
		1. Full legal name (in original language):

* + 1. Short name (where applicable):

* + 1. Organisation name in English:

* + 1. Number of Framework agreement[[2]](#footnote-2): CEPOL/FPA/2016/

**Authorised signatory legally representing the organisation.**

* + 1. Title:
		2. Family Name:
		3. First name:
		4. Position:

**Address (of registered office – address for contact)**

* + 1. Street, number:
		2. Post code:
		3. Town / city:
		4. Country:

**Contact address for the Agency (address for correspondence, including invitations to submit proposals for individual actions to be carried out under the framework partnership).**

* + 1. Street, number:
		2. Post code:
		3. Town / city:
		4. Country:
		5. Telephone +      (     )
		6. Email:

**Authorised contact person.**

* + 1. Title:
		2. Family name:
		3. First name:
		4. Position:
		5. Direct Telephone +      (     )
		6. Email:
	1. Partners

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the CKC Partner | Address of the Partner | CEPOL Framework Partnership agreement number[[3]](#footnote-3) | Partner’s Mandate attached, yes/no |
|  |  | CEPOL/FPA/2016/      |  |
|  |  | CEPOL/FPA/2016/      |  |
|  |  | CEPOL/FPA/2016/      |  |
|  |  | CEPOL/FPA/2016/      |  |
|  |  | CEPOL/FPA/2016/      |  |

*Note: Please add as many lines as necessary for all CKC Partners*

1. **AREAS OF ACTIVITIES**

The CKC Partnership is applying for the CEPOL Knowledge Centre on (*tick as relevant*):

Counterterrorism: [ ]

CSDP Missions: [ ]

1. **PROFESSIONAL CAPACITY OF THE APPLICANT ORGANISATION**

**3.1. CEPOL Knowledge Centre on Counterterrorism:**

3.1.1 The proposed CKC Partnership includes EU Member States which have dealt with terrorism attacks in the last three years (tick as applicable):

Yes [ ]  No [ ]

These Member States are:

-

-

-

*Note: Please add lines as necessary.*

3.1.2 The following expertise can be provided collectively by the proposed CKC Partnership (*please tick as applicable)*

|  |  |  |
| --- | --- | --- |
| Type of Expertise | Tick if applicable | Tick if expert CVs/profile attached |
| Cultural, linguistic, sociological and ideological expertise pertaining to specific terrorist phenomena  | [ ]  | [ ]  |
| International/transnational terrorism: key organisations, their structure, their modus operandi, upcoming threats | [ ]  | [ ]  |
| Terrorist modus operandi (propaganda, radicalisation, recruitment, financing, planning, reconnaissance, execution of a terrorist plot) | [ ]  | [ ]  |
| Radicalization process | [ ]  | [ ]  |
| Foreign Terrorist Fighters and Returnees | [ ]  | [ ]  |
| Financing of terrorism | [ ]  | [ ]  |
| Terrorist use of the internet | [ ]  | [ ]  |
| Forensic analysis of electronic evidences in the context of CT cases  | [ ]  | [ ]  |
| CBRN/E, weapons and IED | [ ]  | [ ]  |
| Crisis management and terrorism crime scene management/investigation | [ ]  | [ ]  |
| International information/intelligence sharing mechanisms in CT matters  | [ ]  | [ ]  |
| Legal instruments for combatting terrorism | [ ]  | [ ]  |
| Other (please specify): | [ ]  | [ ]  |
| Other (please specify): | [ ]  | [ ]  |
| Other (please specify): | [ ]  | [ ]  |
| Other (please specify): | [ ]  | [ ]  |

**3.2. CEPOL Knowledge Centre on CSDP Missions:**

3.1.1 The proposed CKC Partnership includes CEPOL Framework Partners of those Member States which have previous experience in training law enforcement officials for CSDP Missions either under CEPOL or other projects, e.g. EUPST, ENTRi (tick as applicable):

Yes [ ]  No [ ]

These CEPOL Framework Partners are as follows:

-

-

-

*Note: Please add lines as necessary.*

List of training examples:

|  |  |  |  |
| --- | --- | --- | --- |
| Title of training activity | Year of implementation | Funding provider, e.g. national, CEPOL, EUPST etc. | Role in the training activity: main organisation, support |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3.1.2 The following expertise can be provided collectively by the proposed CKC Partnership*(please tick as applicable)*

|  |  |  |
| --- | --- | --- |
| Type of Expertise | Tick if applicable | Tick if expert CVs attached |
| Experts who are posted or recently, but not longer than 2 years, have returned from CSDP Missions; | [ ]  | [ ]  |
| FSJ/JHA nexus | [ ]  | [ ]  |
| Gender aspects in CSDP | [ ]  | [ ]  |
| Integrity and ethics | [ ]  | [ ]  |
| Cultural awareness | [ ]  | [ ]  |
| Organised crime and corruption in host countries | [ ]  | [ ]  |
| Project management | [ ]  | [ ]  |
| MMA | [ ]  | [ ]  |
| Security training, e.g. HEAT | [ ]  | [ ]  |
| Mediation and Negotiation | [ ]  | [ ]  |
| Conflict analysis | [ ]  | [ ]  |
| SSR | [ ]  | [ ]  |
| Change Management | [ ]  | [ ]  |
| Fundamental rights in CSDP Missions | [ ]  | [ ]  |
| Other (please specify): | [ ]  | [ ]  |
| Other (please specify): | [ ]  | [ ]  |
| Other (please specify): | [ ]  | [ ]  |

**3.3 Additional comments**

Please give here any additional information you deem relevant.

1. **DECLARATION OF THE APPLICANT**

**The signature below confirms the following:**

* **The applying CKC Partnership has the operational and financial capacity to carry out the activities as described in Section 2 and 3 of this application form;**
* **Information given in this application as well as all annexes is true and verifiable.**

**Authorised signatory of the proposed CKC Partnership leader:**

|  |  |
| --- | --- |
| Title:  |       |
| First name and family name: |       |
| Position in the applicant organisation: |       |
| Date: |       |
| Signature: ………………………………………… |

1. The present call is potentially subject to changes as CEPOL has requested technical advice by the European Commission (DG BUDGET).  Up-to-date (30 September 2017) the said advice has not been received by the Agency. [↑](#footnote-ref-1)
2. FP agreements as signed following the call launched in January 2016 for the years 2017-2020. [↑](#footnote-ref-2)
3. FP agreements as signed following the call launched in January 2016 for the years 2017-2020. [↑](#footnote-ref-3)