Policy Learning Platform peer review application template\*

\*Please note that this is a template for your own, internal use. You still need to fill in and **submit your application using the online form** on the [expert support page](https://www.interregeurope.eu/policylearning/expert-support/) of the Interreg Europe website. You can find the form when you log into your profile.

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| 1. **Your details**

*Contact information will be filled out automatically and comes from your community profile. You can edit it by visiting your user dashboard.* |
| **Your organisation** | Name of your organisation |  |
| Region, country |  |
| Website link  |  |
| **Your details**  | Name |  |
| Email address |  |
| Phone number |  |

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| Is your organisation partner in an approved Interreg Europe project?\* | YES / NO |
| If YES, which one? |  |
| Related priority axis of the Interreg Europe programme | * Research and Innovation
* SME competitiveness
* Low Carbon Economy
* Environment and Resource efficiency
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| 1. **Your policy**

*Please tell us more about the policy the peer review should address:*Note: only authorities directly responsible for the addressed policy may request a peer review. |
| **Name of your Structural Funds programme or your local/ regional development policy subject to the peer review** | *Please indicate the name of the Investment for Growth and Jobs goal programme, ETC programme or other local/ regional development policy to be addressed by the peer review:* |
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| For peer reviews addressing structural funds programmes:**Priority axis of your programme to be addressed** | *Please specify the priority axis to be addressed by the peer review:* |
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| **Related priority axis of the Interreg Europe Programme** |  |

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| 1. **Your need**

*Please specify the issue for which you would like get advice from other European regions:* |
| *In this section, we need to understand precisely the issue you are facing and for which you would need the input of other regions. Please be as detailed as possible on the nature of this issue (e.g. background & context, exact nature of the difficulties encountered, stakeholder concerned, possible solutions tested so far):* |
|  |

*[max. 4000 characters]*

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| 1. **Your motivation to team up with other regions**

*Please specify the gains you expect from the peer review and the expertise you need:*  |
| *Please clarify the results you expect from the peer review. How will the input from other regions help in improving the implementation of your policy (potential policy improvements, envisaged follow-up actions)? Please also specify the kind expertise you are looking for. Are you interested in any particular kind of regions or thematic expertise?**If you are a partner in an Interreg Europe project, please explain what is the added-value of a peer review compared to the exchange of experience you are already benefiting from within the partnership of your project.* |
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*[max. 1500 characters]*

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| 1. **Your suggestions for potential peers (optional)**

***Should you wish to propose potential peers for other regions in Europe, please indicate their contact details and expertise below:*** NB: In general, please note that an onsite peer review supported by the Policy Learning Platform should involve peers from at least two programme partner states (EU28 + Norway and Switzerland), other than your host country. |
| **Peer suggestion I** | *Name of the peer* |  |
| *Organisation* |  |
| *Operational Programme/ policy responsibility* |  |
| *Region, country* |  |
| *Thematic expertise for the peer review (in bullet points):* |
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| **Peer suggestion II** | *Name of the peer* |  |
| *Organisation* |  |
| *Operational Programme/ policy responsibility* |  |
| *Region, country* |  |
| *Thematic expertise for the peer review (in bullet points):* |
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| **Peer suggestion III** | *Name of the peer* |  |
| *Organisation* |  |
| *Operational Programme/ policy responsibility* |  |
| *Region, country* |  |
| *Thematic expertise for the peer review (in bullet points):* |
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| 1. **Your preferred timeframe for the peer review (optional)**

***Should you have any specific preference for the timing of the peer review, in particular for the two-day onsite meeting in your region, please let us know below:***  |
| **Preferred timeframe, in particular for the two-day onsite meeting** | *Month, week(s) or date(s) to be indicated:* |
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