## Application for Admission to the 2025 Session

**25 August – 5 September**

Thank you for your interest in the International School of Nuclear Law (ISNL). 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.**
* Due to the highly competitive nature of the ISNL selection process, we strongly encourage you to submit the best possible application. While a current resume or CV may be provided with your application, you are advised to submit all necessary information in the application form. Be aware that no additional documentation will be considered in the selection process.
* Application forms must be submitted by **31 March 2025**.
* If you are applying for financial support from the International Atomic Energy Agency (IAEA), you must meet all IAEA requirements. Information can be found on the [IAEA website](http://www.iaea.org/about/organizational-structure/offices-reporting-to-the-director-general/office-of-legal-affairs/international-school-of-nuclear-law-isnl-iaea-financial-support). IAEA applications for financial support must be submitted directly to the IAEA.
* Applicants will be notified of their status by e-mailby **June 2025**.
* For all inquiries regarding the application process, please contact the ISNL team at:   
  \* phone: +33 (0) 1 73 21 28 61  
  \* e-mail: [isnl@oecd-nea.org](mailto:isnl@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. | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please check one of the following two boxes and provide your affiliation:** | | | | | | | | |
|  | **Student** | | **Name of university:** | |  | | | |
| **NOTE:** To qualify as a student, you must be a full-time student enrolled in a degree-granting programme as of 25 August 2025 and must not be engaged in full-time employment. You may be asked for verification of your student status. | | | | | | | | |
|  | **Professional** | | **Name of employer:** | |  | | | |
| **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. ACADEMIC AND PROFESSIONAL RECORD**

**A. 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** | **Language certifications / language diplomas** (title and score, e.g. TOEFL 110) |
| Select One | Select One | Select One | Select One |  |

**B. Academic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name and country of institution** | **Title of programme** | **Main Subject Studied** | **Dates attended** | | **Qualification obtained** |
| From  mm/yyyy | To  mm/yyyy |
| **University** |  |  | Select One |  |  | Select One |
| **Graduate** |  |  | Select One |  |  | Select One |
| **Post-graduate** |  |  | Select One |  |  | Select One |

List, in order of importance, any courses relevant to the ISNL that you have taken or are currently taking in university, graduate or post-graduate study:

**C. Professional employment**

Please provide the 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 |  |  |  |

**III. THESES, DISSERTATIONS AND PUBLICATIONS** (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of thesis, dissertation or publication** | **Author(s)** | **Publication source**  (ex: *Nuclear Law Bulletin*) | **Number of pages** | **Date of publication**  (mm/yyyy) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**IV. REFERENCES**

Please provide the following information for at least one person who is not related to you and who is familiar with your academic and/or professional accomplishments.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Employer / organisation** | **E-mail address** |
|  |  |  |  |
|  |  |  |  |

**V. YOUR REASONS FOR WANTING TO ATTEND THE INTERNATIONAL SCHOOL OF NUCLEAR LAW** (between 100 and 250 words maximum)

**VI. FINANCIAL SUPPORT**

There are two, separate, types of financial support that you may be eligible to apply for. Please read the following information carefully to determine your eligibility.

* **Full-time students:** The **NEA** awards grants to a limited number of full-time students from its [member countries](https://www.oecd-nea.org/jcms/tro_6814/member-countries). To be eligible to receive a grant from the NEA, you must be enrolled full-time in a degree-granting programme as of 25 August 2025 and must not be engaged in full-time employment. You may be asked for verification of your student status.
* **Professionals:** The **IAEA** awards financial support to a limited number of professionals from its [member states](https://www.iaea.org/about/governance/list-of-member-states) that are eligible to receive financial support under the [IAEA Technical Cooperation Programme](https://www.iaea.org/services/technical-cooperation-programme).
* **NOTE:** Participants who receive an NEA grant or IAEA financial support ***must*** complete the requirements for the University Diploma in International Nuclear Law.

|  |  |
| --- | --- |
|  | I want to apply for financial support |
| If you are applying for financial support please check only one of the following: | |
|  | **Full-time students only:** I am a citizen of an [NEA member country](https://www.oecd-nea.org/jcms/tro_6814/member-countries) and I am applying for NEA financial support. |
|  | **Professionals only:** I am applying for IAEA financial support.  **NOTE:** You ***must*** ***also*** complete the [IAEA application procedure](http://www.iaea.org/about/organizational-structure/offices-reporting-to-the-director-general/office-of-legal-affairs/international-school-of-nuclear-law-isnl-iaea-financial-support). IAEA applications for financial support must be submitted to the IAEA. |
| If you are NOT selected to receive financial support, will you still be able to participate? [check only one]: | |
|  | **YES**, Iam still able to participate even without financial support. |
|  | **NO**, I cannot participate without financial support. Please cancel my application if no support is awarded. |

**VII. PAYMENT**

The registration fee must be paid **by bank transfer only** and in full **by 1 August 2025**. Proof of payment is required. If your **employer or another third party** will pay your registration fee, please provide the following information for the point of contact responsible for this payment:

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

**VIII. INFORMATION FOR LIST OF PARTICIPANTS**

If you are selected to participate in the ISNL, you will be included in the list of participants prepared especially for the course. This is valuable reference material for the course 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 / educational programme:** | | | | | |  | | | | | |
| **Employer / university:** | | | | | |  | | | | | |
| **Contact information** | | | **Mailing address:** | | |  | | | | | |
| **E-mail address:** | | |  | | | | | |
| **Phone number:** | | |  | | | | | |
|  | Please check here if you do not wish to have your photograph included in the list of participants | | | | | | | | | | |

**IX. INSURANCE**

Participation is conditional on acceptance of the following:

|  |  |
| --- | --- |
|  | 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 School of Nuclear Law. I accept that the University of Montpellier and the Nuclear Energy Agency decline any responsibility in case of accident or illness occurring during this period of time. |

**X. HOW DID YOU HEAR ABOUT THE ISNL PROGRAMME?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Co-worker / employer |  | Friend | |  | NEA website |
|  | NEA e-mail |  | LinkedIn | |  | Twitter |
|  | Facebook |  | Other: |  | | |

**XI. PERSONAL DATA PROTECTION NOTICE FOR THE ISNL**

The OECD Nuclear Energy Agency (NEA) is committed to [protecting the personal data](https://www.oecd.org/en/about/data-protection.html) it processes, in accordance with its [Personal Data Protection 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 ISNL course. Only NEA Division of Nuclear Law staff members have access to your data.

Under the Rules, 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 [isnl@oecd-nea.org](mailto:isnl@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).

**XII. 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:** |  | |