

**Enrolment for CEIPI courses 2025 – 2026**

**Questionnaire for information purposes: candidate’s profile and needs / expectations**

Name and first name of candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify your current professional position or situation:

Why are you enrolling for the selected training course?

1. You have recently joined a patent firm or patent department of a company and wish to accompany the practice of your profession by systematic and complete tuition on **the legal basis** as well as on **practice** in the area of European patent law

Yes [ ]  No [ ]

1. You intend to take Paper F of the European Qualifying Examination in 2026

Yes [ ]  No [ ]

1. Other reason [ ]

Please specify :

What do you expect from the CEIPI course you are currently enrolling for?

If you h ave selected the on-site training format: Would you like to inform us if about a particular disability or health condition that may require special adjustments? (This information is confidential and used for adaptation purposes only)

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