**NATIONAL EXPERTS IN PROFESSIONAL TRAINING - 2020**

**Application form**

**[All the required fields shall be filled electronically in ENGLISH]**

**1. Applicant's personal data**

Surname: Forename(s):

Maiden name: Present nationality:

Gender: [ ]  Male [ ]  Female

Date of birth:

Place of birth: Country of birth:

Security clearance **(Declaration by the competent Authorities of your country certifying that you are allowed to treat confidential and secret documents)**:

[ ]  Yes [ ]  No

Administration of Origin:

Member State:

Third Country:

International Organisation:

Name of your Administration: *(i.e. Ministry, Agency, etc…)*

Address, phone and fax number of your employer:

**2. Educational background**

From: To:

Date of qualification: Level of degree:

University name: University location:

Field of study: Specialisation:

From: To:

Date of qualification: Level of degree:

University name: University location:

Field of study: Specialisation:

From: To:

Date of qualification: Level of degree:

University name: University location:

Field of study: Specialisation:

**3. Training – (Applications will not be accepted from candidates who have already benefited from any kind of contract, employment or traineeship within a European Institution)**

From: To:

Name of training organisation:

Subject:

Description (*Max 250 words*):

From: To:

Name of training organisation:

Subject:

Description (*Max 250 words*):

From: To:

Name of training organisation:

Subject:

Description (*Max 250 words*):

**4. Professional experience (Applications will not be accepted from candidates who have already benefited from any kind of contract, employment or traineeship within a European Institution)**

Please indicate any relevant working experience.
Specify up to **three** employments, placements or internships.
For ongoing employment, leave end date blank.

From: To:

Name of employer:

Type of employment:

[ ]  Paid trainee [ ]  Unpaid trainee [ ]  Voluntary work

[ ]  Permanent employee [ ]  Temporary employee [ ]  Self employed

[ ]  Other

Description (*Max 250 words*):

From: To:

Name of employer:

Type of employment:

[ ]  Paid trainee [ ]  Unpaid trainee [ ]  Voluntary work

[ ]  Permanent employee [ ]  Temporary employee [ ]  Self employed

[ ]  Other

Description (*Max 250 words*):

From: To:

Name of employer:

Type of employment:

[ ]  Paid trainee [ ]  Unpaid trainee [ ]  Voluntary work

[ ]  Permanent employee [ ]  Temporary employee [ ]  Self employed

[ ]  Other

Description (*Max 250 words*):

**5**. ***Have you already worked for a European Institution or Body?*** [ ]  Yes [ ]  No

**(Applications will not be accepted from candidates who have already benefited from any kind of contract, employment or traineeship within a European Institution)**

All the following are European Institutions or Bodies:

- Committee of the Regions

- European Commission

- Council of the European Union

- European Investment Bank

- Court of Auditors

- European Ombudsman

- Court of Justice

- European Parliament

- Economic and Social Committee

- European Central Bank

- The Agencies of the European Union: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*if relevant, please specify which of the Agencies you have worked for*)

From: To:

Name of European Institution or Body:

Type of employment:

[ ]  Paid trainee [ ]  Unpaid trainee [ ]  Voluntary work

[ ]  Permanent employee [ ]  Temporary employee [ ]  Self employed

[ ]  Other

Description (*Max 250 words*):

From: To:

Name of European Institution or Body:

Type of employment:

[ ]  Paid trainee [ ]  Unpaid trainee [ ]  Voluntary work

[ ]  Permanent employee [ ]  Temporary employee [ ]  Self employed

[ ]  Other

Description (*Max 250 words*):

From: To:

Name of European Institution or Body:

Type of employment:

[ ]  Paid trainee [ ]  Unpaid trainee [ ]  Voluntary work

[ ]  Permanent employee [ ]  Temporary employee [ ]  Self employed

[ ]  Other

Description (*Max 250 words*):

**6. Knowledge of languages**

In order for the NEPT to fully profit from the professional training and to be able to follow meetings and perform adequately, all candidates from Member States must have a very good knowledge of at least two Community languages, of which one should be English, the working languages of EMSA. Candidates from Third countries and from International Organisations need to have very good knowledge of English.

Please use the following scale to indicate level of knowledge:

Excellent (native speaker) – Fluent – Good – Basic/weak.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Language**(please specify) | **Comprehension level** | **Spoken level** | **Written level** | **Read level** |
| Mother tongue: |  | Excellent | Excellent | Excellent | Excellent |
| Other languages: |  |  |  |  |  |
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**7. Studies or publications on European topics**

Have you studied or published works on European topics, or are you preparing any such studies? [ ]  Yes [ ]  No

If so, please specify up to **three** and give details (maximum 150 characters per entry).

1.

2.

3.

**8. Preferences of Department**

Please indicate, **in order of preference**, the **Department, or more specifically, the Unit** that interests you most, and explain why.

*(Please see ANNEX 1, for the current Organisation Chart)*

First choice

Department/Unit:

Personal motivation (please explain):

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Second choice

Department/Unit:

Personal motivation (please explain):

Third choice

Department/Unit:

Personal motivation (please explain):

**9. Requested duration of the professional training**

3 months[ ]  4 months [ ]  5 months [ ]

 **Requested day of beginning**

 1st of the month[ ]  16th of the month [ ]

**10. Permanent address and contact details**

Street/N°:

Postcode/Zip:

Town/Province: Country:

Telephone: Mobile phone:

Fax:

Email address:

**11. Emergency contact address**

You must have an emergency contact address (which can be the same as your permanent address). Please indicate a person to contact in case of emergency or if you are not available.

Surname: Forename:

Street/N°:

Postcode/Zip:

Town/Province: Country:

Telephone: Mobile phone:

Fax:

Email address:

**12. Additional personal information**

Do you have a physical disability that may require special arrangements to be made if you are chosen?

[ ]  Yes [ ]  No

If **YES**, please give details and indicate the nature of the special arrangements you believe would be necessary (150 words maximum):

I certify that the statements made by me in answer to the above questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for my exclusion from the NEPT Programme, or cancellation of my training if my application has been accepted.

**Date:**  **Signature:**

