



Instructions: Candidates who wish to be considered as seconded should submit their application forms to their respective national authorities for their approval. Please fill in completely the application electronically and send it in the original format, i.e. MS Word 2003 or previous versions.

**APPLICATION FORM FOR SECOND CALL FOR DEPLOYMENT OF THREE (3)
MEMBER STATE EXPERTS TO THE EU LIASON AND PLANNING CELL, TUNIS**

(to be sent by e-mail to andrea.nesnidalova@eeas.europa.eu; anne.scobie@eeas.europa.eu)

Annex III

1. NOMINATION DETAILS (indicate positions and status regime applied for)

| Post | Applicable status regime |
|--|---|
| Planning, liaison and reporting | VNC status: <input type="checkbox"/> Do you have any objections to our providing feedback to your national authorities in case of non-selection? <input type="checkbox"/> Yes, <input type="checkbox"/> No |
| | |

2. PERSONAL DATA

| | | | |
|---------------------|--|------------------------|---|
| Last name | | First name | |
| Birth date | (dd/mm/yyyy) | Country of birth | |
| Passport no. | | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Present nationality | | Other nationality | |
| Police Officer | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, current rank: | |
| Military Officer | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, current rank: | |
| Civilian | Yes <input type="checkbox"/> No <input type="checkbox"/> | Profession: | |
| Security clearance | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, at what level: | |
| Driving license | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, category: | |

3. CONTACT DETAILS

| Home country address | | |
|----------------------|-----------------------|-----------------|
| Street | | Zip/postal Code |
| Town/city | County/state/province | Country |

| | | |
|--|-----------------------|-----------------|
| Telephone no. | Mobile no. | Email address |
| Alternative/current contact details | | |
| Street | | Zip/postal code |
| Town/city | County/state/province | Country |
| Telephone no. | Mobile no. | Email address |

4. EDUCATION AND PROFESSIONAL TRAINING

| University education or equivalent | | | Attended (mm/yyyy) | |
|---|--|----------------------------|--------------------|-----|
| Name institution / university, place and country | Degrees/qualifications obtained (Title of qualification awarded) | Main course/field of study | From: | To: |
| | | | | |
| | | | | |
| | | | | |
| Secondary education and/or formal vocational education/training | | | | |
| Name institution / place and country | Degrees/qualifications obtained (Title of qualification awarded) | Main course/field of study | From: | To: |
| | | | | |
| | | | | |
| | | | | |
| Civilian crisis management courses | | | | |
| Name institution | Place and country | Course title | From: | To: |
| | | | | |
| | | | | |
| | | | | |
| Hostile Environment Security Training or e-Hest | | | | |
| Name institution | Place and country | Course title | From: | To: |
| | | | | |
| | | | | |

5. EMPLOYMENT RECORD (in reverse chronological order)

| Current/most recent position | | | Current position: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
|--|-------------------|-----------|--|-----|
| Organisation | Place and country | Job title | Date (mm/yyyy) | |
| | | | From: | To: |
| | | | | |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): | | | | |
| | | | | |
| Supervisor's name: | | Email: | Phone No.: | |

| Previous position (1) (only positions longer than 6 months) | | | | |
|--|-------------------|-----------|----------------|-----|
| Organisation | Place and country | Job title | Date (mm/yyyy) | |
| | | | From: | To: |
| | | | | |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): | | | | |
| Supervisor's name: | | Email: | Phone No.: | |
| Previous position (2) (only positions longer than 6 months) | | | | |
| Organisation | Place and country | Job title | Date (mm/yyyy) | |
| | | | From: | To: |
| | | | | |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): | | | | |
| Supervisor's name: | | Email: | Phone No.: | |
| Previous position (3) (only positions longer than 6 months) | | | | |
| Organisation | Place and country | Job title | Date (mm/yyyy) | |
| | | | From: | To: |
| | | | | |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised): | | | | |
| Supervisor's name: | | Email: | Phone No.: | |
| Other previous positions and positions shorter than 6 months | | | | |
| Organisation | Place and country | Job title | Date (mm/yyyy) | |
| | | | From: | To: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. OTHER SKILLS

| Languages (European level *) | | | Native language: | |
|------------------------------|-------|-------|------------------|------------|
| Other languages | Speak | Write | Read | Understand |
| | | | | |
| | | | | |
| | | | | |

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User

(*) [Common European Framework of References for Languages](#)

| Computer skills | | | | | |
|-----------------|--|--------------------|--|--------------------|--|
| Word processor | | Web browsing | | Presentations | |
| Spreadsheets | | Financial software | | Project management | |

C = Proficient User; B = Independent User; A = Basic User; N/A

7. MOTIVATION AND ADDITIONAL INFORMATION

Please explain the reasons for your application, covering your profile and particular interest in this position. Add any other information that might be relevant to your application, including any skills, knowledge and experience for which there was no space above.

| |
|--|
| |
|--|

8. FINAL QUESTIONS

| Please read and answer carefully all questions | |
|--|--|
| Do you have any objections to our making enquires of your employers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any chronic health problems, disabilities or other medical conditions that would limit your physical activity? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you regularly taking any medication? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is any relative of yours, to the best of your knowledge, applying to this Call for Contributions? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been convicted or sentenced in any criminal proceedings (excluding minor traffic violations)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you responded “yes” to any of the previous questions, please provide details | |
| | |
| By submitting this application form, I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Application Form will result in the application being void and will result in termination or dismissal from the mission | I agree: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Place | Date |
| Signature (typed name is sufficient) | |

| | | |
|--|--|--|
| | | |
|--|--|--|

If selected you could be requested to supply documentary evidence which supports the statements you made above. Do not, however, send any documentary evidence until you have been asked to do so.

Please submit the completed form as a MS Word Document