**Instructions**: Please fill in the application form completely electronically and rename the file "SURNAME, Firstname.docx" before sending it.

**Application form for EUCAP Sahel Niger**

(to be sent by e-mail to cpcc.crt@eeas.europa.eu

**2 CRT EXPERTS**

**CRT CfC 3-2017**

**Annex 2**

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

|  |  |
| --- | --- |
| **Post no/title (specify the vacancy reference, compulsory)** |  |
| First priority:       | Do you have any objections to our providing feedback to your national authorities in case of non-selection?  Yes,  No |
| Second priority:       |
| Third priority:       |  |

**2. PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |       | First name |       |
| Birth date  | (dd/mm/yyyy)       | Country of birth |       |
| Passport no. |       | Gender | Male  Female  |
| Present nationality |       | Other nationality |       |
| Police Officer | Yes  No  | If yes, current rank: |       |
| Military Officer | Yes  No  | If yes, current rank: |       |
| Civilian | Yes  No  | Profession: |       |
| Security clearance | Yes  No  | If yes, at what level: |       |
| Driving license | Yes  No  | 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 [ ]  No [ ]  |
| 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 positons 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](http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)

|  |
| --- |
| **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/these position(s). Add any other information that might be relevant to your application, including any skills, knowledge and experience.  |
|      |

**8. FINAL QUESTIONS**

|  |
| --- |
| Please read and answer carefully all questions  |
| Do you have any objections to our making enquires of your employers? | Yes  No  |
| Do you have any chronic health problems, disabilities or other medical conditions that would limit your physical activity? | Yes  No  |
| Are you regularly taking any medication? | Yes  No  |
| Is any relative of yours, to the best of your knowledge, working in (Name of the Mission) | Yes  No  |
| Is any relative of yours, to the best of your knowledge, applying to this Call for Contributions?  | Yes  No   |
| Have you ever been convicted or sentenced in any criminal proceedings (excluding minor traffic violations)? | Yes  No  |
| If you are currently working in a CSDP Mission or have worked in a CSDP Mission, do you have any objections against transmitting your last PER (Performance Evaluation Report) to CPCC and/or the Mission upon request? | Yes  No  |
| 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  No  |
| Place | Date | Signature (typed name is sufficient) |

**Please submit the completed form as a MS Word format**