**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](mailto:cpcc.crt@eeas.europa.eu)

**1 CRT EXPERT**

**CRT CfC 5-2017**

**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**