

IN-SERVICE TRAINING APPLICATION FORM

1. PERSONAL INFORMATION

<p>LAST NAME</p> <hr/> <p>MAIDEN NAME (if different from above)</p> <hr/> <p>FIRST NAME (S)</p> <hr/> <p>GENDER <input type="radio"/> M <input type="radio"/> F</p>	<p>MARITAL STATUS</p> <hr/> <p>NATIONALITY</p> <hr/> <p>DATE OF BIRTH</p> <hr/> <p>PLACE AND COUNTRY OF BIRTH</p>
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2. ADDRESS AND CONTACT DETAILS

<p>ADDRESS</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">POST CODE</td> <td style="border: none; width: 80%;">TOWN</td> </tr> </table> <hr/> <p>COUNTRY</p>	POST CODE	TOWN	<p>DAYTIME TELEPHONE NUMBER (with Country and Area Code)</p> <hr/> <p>ALTERNATIVE TELEPHONE NUMBER OR FAX NUMBER</p> <hr/> <p>E-MAIL ADDRESS</p>
POST CODE	TOWN		

3. PURPOSE OF IN-SERVICE TRAINING AND ENVISAGED STARTING DATE

<p>PURPOSE</p> <p>Preparation of a thesis for an advanced university degree <input type="checkbox"/></p> <p>Training after University Degree <input type="checkbox"/></p>	<p>Envisaged earliest starting date:</p> <div style="border: 1px dashed black; height: 40px; width: 100%;"></div>
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4. UNIVERSITY, POST-UNIVERSITY OR EQUIVALENT EDUCATION

CURRENTLY ATTENDING AND/OR ATTENDED

Name and Location of University	From (Month/Year)	To (Month/Year)	Degree or Diploma Obtained	Main Subjects (including title of thesis)

5. PROFESSIONAL EXPERIENCE

INDICATE ANY SIGNIFICANT WORK EXPERIENCE RELATED TO YOUR FIELD OF STUDIES (STARTING FROM THE MOST RECENT)

a)

From (Month/Year)	To (Month/Year)
Name and Address of Employer	
Occupation or position held	
Main activities or responsibilities	

b)

From (Month/Year)	To (Month/Year)
Name and Address of Employer	
Occupation or position held	
Main activities or responsibilities	

6. LANGUAGE SKILLS

(Oral and written knowledge of European Union official languages)

Mother Tongue: _____

Other EU Languages	Language levels of the Common European Framework of Reference (CEF) Self Assessment Grid: http://europass.cedefop.europa.eu/LanguageSelfAssessmentGrid/en				
	Understanding		Speaking		Writing
	Listening	Reading	Spoken Interaction	Spoken Production	

7. UNIT PREFERENCE

INDICATE, IN ORDER OF PREFERENCE, **THE TWO UNITS OF EFSA** WHICH INTEREST YOU THE MOST FOR AN IN-SERVICE TRAINING PERIOD ([ORGANISATIONAL CHART](#))

(1)

(2)

8. REASON FOR APPLYING

Please explain why you are applying for an in-service training period at EFSA and why you have given priority to the Units indicated in point 7. Please also include any additional relevant information to support your application.

I hereby certify that all information provided in this application form is complete and accurate.

By submitting this form, I accept to adhere to the conditions laid down in the "Decision of the Executive Director of the European Food Safety Authority on the acceptance of trainees for an in-service training."

Date: _____

Applicant: _____

In the case of an in-service training period being offered, the candidate shall be required to provide all supporting documents.