

E.C.N.E.P.T.P

EUROPEAN COMMISSION

National Experts in Professional Training Programme

Application form		
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 compe are allowed to treat confidential and secret d	etent Authorities of your country certifying that you	
are anowed to treat confidential and secret d	ocuments). [Tes [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 employe	er:	

2. Educational background To:_____ From: Date of qualification: Level of degree:_____ University location:_____ University name:_____ Field of study: Specialisation: (Please see ANNEX 1, for a list of Academic qualifications) From: _____ To: Date of qualification: Level of degree: University name:_____ University location:_____ Field of study: Specialisation: (Please see ANNEX 1, for a list of Academic qualifications)

From:	To:	
Date of qualification:	Level of degree:	
University name:	University location:	
Field of study:	Specialisation:	
(Please see ANNEX 1, for a list of fields Academic qualifications)		

3. Training – (Applications will not been 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):		
3. Training (continued)		
From:	To:	
Name of training organisation:		
Subject:		
Description (Max 250 words):		

4. Professional experience (Applications will not been 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)	:		
4. Professional experience			
From:	To:		
From:Name of employer:			
From: Name of employer: Type of employment:	To:		
From: Name of employer: Type of employment: Paid trainee	To:	☐ Voluntary work	
From: Name of employer: Type of employment: Paid trainee Permanent employee	To:		
From: Name of employer: Type of employment: Paid trainee Permanent employee Other	To: Unpaid trainee Temporary employee	☐ Voluntary work	
From: Name of employer: Type of employment: Paid trainee Permanent employee	To: Unpaid trainee Temporary employee	☐ Voluntary work	
From: Name of employer: Type of employment: Paid trainee Permanent employee Other	To: Unpaid trainee Temporary employee	☐ Voluntary work	
From: Name of employer: Type of employment: Paid trainee Permanent employee Other	To: Unpaid trainee Temporary employee	☐ Voluntary work	
From: Name of employer: Type of employment: Paid trainee Permanent employee Other	To: Unpaid trainee Temporary employee	☐ Voluntary work	

From:		To:		
Name of employer:				
Type of employment:				
☐ Paid trainee	Unpaid trai	nee	☐ Voluntary work	
☐ Permanent employee	☐ Temporary	employee	☐ Self employed	
Other				
Description (Max 250 words):				
5. Have you already worked in	for a European	Institution or B	ody?	
(Applications will not been a	ccepted from c	andidates who	have already benefited from any	/ kind
of contract, employment or t	•	-	Institution)	
All of the following are Europea	an Institutions or	· Bodies:		
Committee of the RegionsCouncil of the European Unio		- European Com - European Inves		
- Court of Auditors - Court of Justice		European OmbEuropean Parli	oudsman	
- Economic and Social Commit	ttee	- The Agencies of	of the European Union (if relevant,	
- European Central Bank		worked for)	which of the Agencies you have	
From:		To:		
Name of European Institution of	or Body:			
Type of employment:				
☐ Paid trainee	Unpaid trai	nee	☐ Voluntary work	
☐ Permanent employee	☐ Temporary	employee	☐ Self employed	
Other				
Description (Max 250 words):				

From:	To:		
Name of European Institution	າ or Body:		
Type of employment:			
☐ Paid trainee	☐ Unpaid trainee	☐ Voluntary work	
☐ Permanent employee	☐ Temporary employee	☐ Self employed	
Other			
Description (Max 250 words)	:		
Erom:	To:		
From:	10		
•	ı 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 one of the working languages of the Commission (English, French or German).

Candidates from Third countries and from International Organisations need to have very good knowledge of at least one working language of the European Commission (English, French or German).

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
Nother tongue:		Excellent	Excellent	Excellent	Excellent
Other languages:					
_	or publications on E	_			_
	e specify up to three a			rs per entry).	
2					

3
8. Preferences of DG
Please indicate, in order of preference , the three Directorates-General or services that interest you most, and explain why.
(Please see ANNEX 2, for a list of fields of Directorates-General and Services)
 IMPORTANT: Please note that candidates from non-EU countries should not apply for the Enlargement DG (ELARG), the Justice DG (JUST) or the Home Affairs DG (HOME). Applicants interested in working in the European External Action Service (EEAS) are requested to send as soon as possible an attestation of their Security Clearance to their Permanent Representation who will forward it to the EEAS.
First choice
Directorate-General/Service:
Personal motivation (please explain):
Second choice
Directorate-General/Service:
Personal motivation (please explain):

Third choice				
Directorate-General/Service:				
Personal motivation (please explain):				
9. Requested duration of the profession	al training			
IMPORTANT: Please note that candidates from non-El	J countries apply for a 3-months-duration.			
3 months 4 months	5 months			
Requested day of beginning				
1 st of the month 16 th of the month				
10. Permanent address and contact detail	s			
Street/N°:				
Sueevin .				
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.				
Curnama	Earanama			
	Forename:			
Street/N°:				

Postcode/Zip:	
Town/Province:	Country:
Telephone:	Mobile phone:
Fax:	
Email address:	
L	
12. Additional personal information	
Do you have a physical disability that may requir	re special arrangements to be made if you are chosen?
☐ Yes ☐ No	
If YES , please give details and indicate the nat necessary (150 words maximum):	ture of the special arrangements you believe would be
<u> </u>	
and correct to the best of my knowledge and any required information withheld from the	Inswer to the above questions are true, complete, d belief. I understand that any false statements or is form may provide grounds for my exclusion on of my training if my application has been
Date:	Signature: