

NATIONAL EXPERTS IN PROFESSIONAL TRAINING - 2024

Application form

[All the required fields shall be filled electronically in ENGLISH]

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 competent Authorities of your country certifying that you are allowed to treat confidential and secret documents**):
 Yes 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 employer:

2. Educational background

From: _____ To: _____
Date of qualification: _____ Level of degree: _____
University name: _____ University location: _____
Field of study: _____ Specialisation: _____

From: _____ To: _____
Date of qualification: _____ Level of degree: _____
University name: _____ University location: _____
Field of study: _____ Specialisation: _____

From: _____ To: _____
Date of qualification: _____ Level of degree: _____
University name: _____ University location: _____
Field of study: _____ Specialisation: _____

3. Training – (Applications will not be 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*):

4. Professional experience (Applications will not be 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*):

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*):

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*):

5. **Have you already worked for a European Institution or Body?** Yes No

(Applications will not be accepted from candidates who have already benefited from any kind of contract, employment or traineeship within a European Institution)

All the following are European Institutions or Bodies:

- Committee of the Regions
- European Commission
- Council of the European Union
- European Investment Bank
- Court of Auditors
- European Ombudsman
- Court of Justice
- European Parliament
- Economic and Social Committee
- European Central Bank
- The Agencies of the European Union: _____
(if relevant, please specify which of the Agencies you have worked for)

From: _____ To: _____

Name of European Institution or Body: _____

Type of employment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Paid trainee | <input type="checkbox"/> Unpaid trainee | <input type="checkbox"/> Voluntary work |
| <input type="checkbox"/> Permanent employee | <input type="checkbox"/> Temporary employee | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Other | | |

Description (*Max 250 words*):

From: _____ To: _____

Name of European Institution or Body: _____

Type of employment:

- Paid trainee Unpaid trainee Voluntary work
- Permanent employee Temporary employee Self employed
- Other

Description (*Max 250 words*):

From: _____ To: _____

Name of European Institution 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 English, the working languages of EMSA. Candidates from Third countries and from International Organisations need to have very good knowledge of English.

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
Mother tongue:		Excellent	Excellent	Excellent	Excellent
Other languages:					

7. Studies or publications on European topics

Have you studied or published works on European topics, or are you preparing any such studies? Yes No

If so, please specify up to **three** and give details (maximum 150 characters per entry).

1. _____

2. _____

3. _____

8. Preferences of Department

Please indicate, **in order of preference**, the **Department, or more specifically, the Unit** that interests you most, and explain why.

(Please see ANNEX 1, for the current Organisation Chart)

First choice

Department/Unit: _____

Personal motivation (please explain): _____

Second choice

Department/Unit: _____

Personal motivation (please explain): _____

Third choice

Department/Unit: _____

Personal motivation (please explain): _____

9. Requested duration of the professional training

3 months

4 months

5 months

Requested day of beginning

1st of the month

16th of the month

10. Permanent address and contact details

Street/N°: _____

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.

Surname: _____ Forename: _____

Street/N°: _____

Postcode/Zip: _____

Town/Province: _____ Country: _____

Telephone: _____ Mobile phone: _____

Fax: _____

Email address: _____

12. Additional personal information

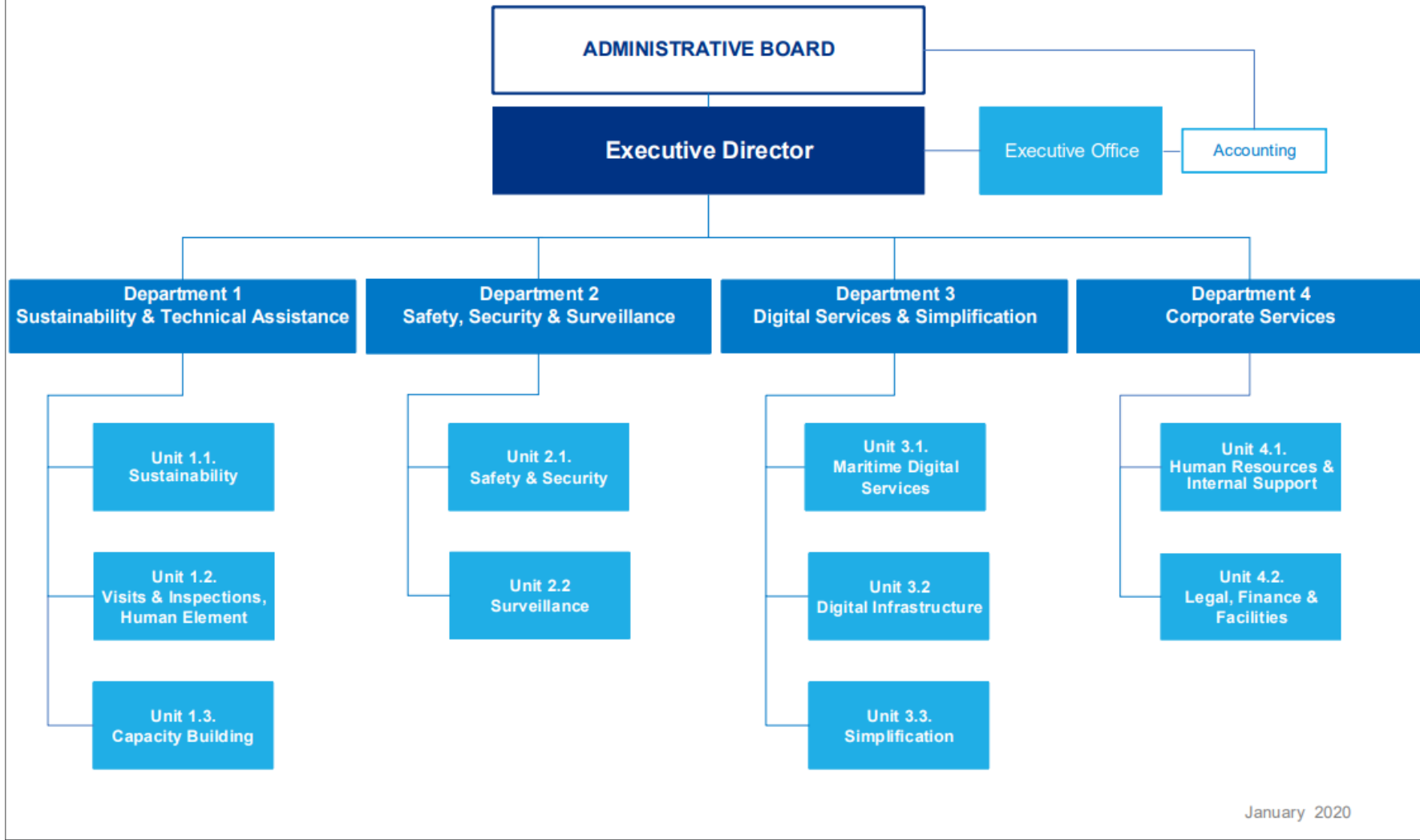
Do you have a physical disability that may require special arrangements to be made if you are chosen?

Yes No

If **YES**, please give details and indicate the nature of the special arrangements you believe would be necessary (150 words maximum):

I certify that the statements made by me in answer to the above questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for my exclusion from the NEPT Programme, or cancellation of my training if my application has been accepted.

Date: _____ **Signature:** _____



January 2020