

TRAINING APPLICATION FORM

ENROLMENT ON AN INTENSIVE LANGUAGE COURSE SUMMER 2001 (INTER-INSTITUTIONS, BRUSSELS)

A) TO BE COMPLETED BY THE APPLICANT

Name _____ First name _____

Cat./grade _____ personnel N° _____

Status: official temporary agent auxiliary agent local agent
 other (please specify) _____

If you have been recruited as an official, a temporary, auxiliary or local agent or a seconded national expert **in the last 3 months**, indicate your starting date _____

Mother tongue _____ Second language _____ Other language(s) _____

Service _____ Building/floor/office _____

Tel. _____ Fax _____ Electronic mail? yes no

Private tel. (optional, for emergencies) _____

1) **Language requested** :

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(ES, DA, DE, EL, EN, FR, IT, NL, PT, FI, SV) (2-letter code)

2) **Determining your level** : (mark the appropriate box)

- I am **currently** attending an interinstitutional course in the language requested at level ____.
- I have **previously** attended a course in a European institution in the language requested.
- I have some knowledge of the language requested (acquired outside the European institutions),
→ I would like to attend a placement test.
- I have no knowledge of the language requested,
→ I would like to be enrolled on a level 1 course (= real beginner).

Date: _____ Signature of applicant : _____

Please make sure that your line management has approved your request.

B) TO BE COMPLETED BY THE SERVICE

NB: Requests made by a Directorate General or a service will take priority over requests from individuals.

THE APPLICATION IS SUBMITTED

**by the Directorate General
or the Service**

VISA of the Head of Unit or line manager

Name
Date

Signature

VISA of the Director General or his/her representative

Name
Date

Signature

by the individual

OPINION of the Head of Unit or line manager

favourable unfavourable

Name
Date

Signature

OPINION of the Director General or his/her representative

favourable unfavourable

Name
Date

Signature

THE REQUEST MUST BE SIGNED BY BOTH THE ABOVE