

## TRAINING APPLICATION FORM

### ENROLMENT ON A LANGUAGE COURSE 1<sup>st</sup> SEMESTER 2001-2002 (INTER-INSTITUTIONS, BRUSSELS)

**Starting date : Monday 24 September 2001**

#### 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 and level requested (only one course per person per semester)

##### a) Language requested :

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- Community = DA, DE, EL, EN, ES, FI, FR, IT, NL, PT, SV) (code 2 letters)
- Non-Community = AR (Arabic), JA (Japanese), RU (Russian)
- Candidate country languages = BG (Bulgarian), CS (Czech), ET (Estonian), HU (Hungarian), LV (Latvian), LT (Lithuanian), PL (Polish), RO (Rumanian), SK (Slovak), SL (Slovenian)

##### b) Are you a real beginner ?

Yes (I have no knowledge of the language requested)  No

**Real beginners (level 1) do not need to complete the rest of this form, but must sign and date part A.**

##### c) Course requested (circle one code) :

A standard course	levels 1-6						
Specialised courses :	020	022	024	025			
Specific courses :	026	027	028	029	051	052	053

***Please complete the following page and obtain the necessary signatures !***

#### 2) Have you already completed a course in a European institution in the language requested ?

Yes  No

- 3) If you have never attended an inter-institutional course in the language requested, you will be invited to do a placement test.

Date : .....

Applicant's signature: .....

**B) TO BE COMPLETED BY THE SERVICE**

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

*Attention*: Unauthorised applications will not be accepted.

**The application is submitted**

**by the Directorate General  
or the Service**

**AUTHORISATION** of the Head of Unit or line manager

Name .....

Date .....

Signature .....

**AUTHORISATION** of the Director General's representative or the Training Coordinator

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's representative or the Training Coordinator

favourable     unfavourable

Name .....

Date .....

Signature .....

**THE REQUEST MUST BE SIGNED BY BOTH THE ABOVE**