

**SEMINAR FOR A4/5/6 – LA4/5/6 OFFICIALS
IN THE MEMBER STATES**

PORTUGAL

Name First Name Grade

Date of birth..... Place of birth Sex.....

Nationality.....

University degrees.....

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Professional experience at the Commission.....

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Directorate-General.....

Directorate..... Unit.....

Office address and telephone number.....

Description of present duties.....

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How is the content of this seminare related to your current work ?

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.....

Mother tongue or equivalent.....

Knowledge of the language used for the seminar: (3=advanced ; 2= intermediate ; 1= basic)

		3	2	1
Verbal understanding	:level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written understanding	:level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal expression	:level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	:level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agreement of your boss :

Name
Signature

Date

**Agreement of the person responsible
for human ressources in your DG :**

Name
Signature

Date