

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

SWEDEN

Name First Name Grade

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

Nationality.....

University degrees.....
.....
.....

Professional experience at the Commission.....
.....
.....
.....
.....

Directorate-General.....
Directorate..... Unit.....
Office address and telephone number.....

Description of present duties.....
.....
.....
.....
.....

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

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"/>

Signature of your
Head of Unit
.....

Agreement of the Head of Unit for Humain Ressources
in your DG

Name : Signature :
Date :