TRAINING APPLICATION FORM

ENROLMENT ON AN INTERINSTITUTIONAL LANGUAGE COURSE

Survival level (SL) in English and French

Name	First name					
Cat./grade ₋	Personnel N°					
Status :	□ official		□ temporary agent			
	☐ SNE (seconded nation	al expert)	ert)			
Starting dat	e					
Service	Bui	ilding. / floor	ding. / floor / office			
Tel	Fax		Electronic mail ? yes ☐ no ☐			
Mother tong	gue					
Language	requested :	☐ FR	(French)	☐ EN (English)		
Timetable ı	requested*:	9.30 🗖 1	3.30 - 15.00	1 7.30 - 19.00		
	y your preferred timetable by mar					
Date :	Signatur	e of the appl	icant :			
B) <u>TO BE</u>	COMPLETED BY THE S	<u>ERVICE</u>				
The request	must be submitted by the	general direc	ctorate or ser	vice		
AUTHORISATION of the Head of Unit or line manager		Coordina	Coordinator or the Director General's representative			
Name :						
Signature	·	Signature	Signature:			
	IT : Please indicate the justas as not been recruited rece		this request f	or training if the		