

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

**IRELAND**

Name .....First Name ..... Grade .....

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

Nationality.....

Education.....

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

Name .....

Signature .....

Date .....