

APPLICATION FORM

(Please, fill in, sign, scan and return it via e-mail)

FAMILY NAME	
NAME	
GENDER	M <input type="checkbox"/> F <input type="checkbox"/>
DATE OF BIRTH	
PLACE OF BIRTH	
NATIONALITY	
ADDRESS	
Tel.	
E-mail	

PROFESSION	<input type="checkbox"/> lawyer <input type="checkbox"/> social service worker <input type="checkbox"/> academic <input type="checkbox"/> other:
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I am applying for:	<input type="checkbox"/> Training Session No... <input type="checkbox"/> Training Session No.
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Other information:	
I would qualify my knowledge and/or practical experience in European and international family law as:	
<input type="checkbox"/> null <input type="checkbox"/> scarce <input type="checkbox"/> basic <input type="checkbox"/> advanced	
I have attended other training courses in European and international family law:	
<input type="checkbox"/> never <input type="checkbox"/> rarely (1 to 5) <input type="checkbox"/> often (6 or more)	
I would qualify my knowledge in English language as:	
<input type="checkbox"/> null <input type="checkbox"/> scarce <input type="checkbox"/> basic <input type="checkbox"/> advanced	

Please, find attached: 1) a copy of the identity card;
 2) *curriculum vitae*.

In compliance with the relevant applicable legislation, I hereby authorize you to use and process my personal details contained in this form and in the documents attached.

(Place, date) _____ (Signature) _____