

SECONDED NATIONAL EXPERTS (SNE) AT THE
EUROPEAN FOOD SAFETY AUTHORITY

EXPRESSION OF INTEREST FORM

Once completed, this form should be sent to the Permanent Representation of the Member State (in Brussels) that intends to second you. In the case of a secondment being offered, the candidate shall be required to provide all supporting documents.

1. PERSONAL INFORMATION

LAST NAME	MARITAL STATUS
MAIDEN NAME (if different from above)	NATIONALITY
FIRST NAME (S)	DATE OF BIRTH
GENDER <input type="radio"/> M <input type="radio"/> F	PLACE AND COUNTRY OF BIRTH

2. ADDRESS AND CONTACT DETAILS

ADDRESS	DAYTIME TELEPHONE NUMBER (with Country and Area Code)
POST CODE TOWN	ALTERNATIVE TELEPHONE NUMBER OR FAX NUMBER
COUNTRY	E-MAIL ADDRESS

3. UNIVERSITY, POST-UNIVERSITY OR EQUIVALENT EDUCATION

CURRENTLY ATTENDING AND/OR ATTENDED

Name and Location of University	From (Month/Year)	To (Month/Year)	Degree or Diploma Obtained	Main Subjects (including title of thesis)

4. PROFESSIONAL EXPERIENCE

HAVE YOU BEEN EMPLOYED BY A NATIONAL, REGIONAL OR LOCAL PUBLIC ADMINISTRATION, IGO FOR AT LEAST 1 YEAR?

Yes No

INDICATE ANY SIGNIFICANT WORK EXPERIENCE RELATED TO YOUR FIELD OF STUDIES (STARTING FROM THE MOST RECENT)

a)	From (Month/Year)		To (Month/Year)	
	Name and Address of Employer			
	Occupation or position held			
	Main activities or responsibilities			

b)	From (Month/Year)		To (Month/Year)	
	Name and Address of Employer			
	Occupation or position held			
	Main activities or responsibilities			

c)	From (Month/Year)		To (Month/Year)	
	Name and Address of Employer			
	Occupation or position held			
	Main activities or responsibilities			

d)	From (Month/Year)		To (Month/Year)	
	Name and Address of Employer			
	Occupation or position held			
	Main activities or responsibilities			

5. LANGUAGE SKILLS

(ORAL AND WRITTEN KNOWLEDGE OF EUROPEAN UNION OFFICIAL LANGUAGES)

Mother Tongue _____

Other EU Languages Level

6. AREAS OF INTEREST

INDICATE, IN ORDER OF PREFERENCE, THE EFSA THEMATIC AREAS WHICH INTEREST YOU THE MOST FOR SECONDMENT ([ORGANISATIONAL CHART](#))

(1)

(2)

(3)

7. REASON FOR APPLYING

Please explain why you are applying for a secondment at EFSA and why you have given priority to the Areas indicated in point 6. Please also include any additional relevant information to support your application.

I hereby certify that all information provided in this application form is complete and accurate.

Should I be selected for a secondment I accept to adhere to the conditions laid down in the [Decision of the Executive Director](#) laying down the rules applicable to national experts on secondment to the European Food Safety Authority of 18th of February 2013.

Date: _____

Applicant: _____