



## E.C.N.E.P.T.P

EUROPEAN COMMISSION

National Experts in Professional Training Programme

### Application form

#### 1. Applicant's personal data

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Maiden name: \_\_\_\_\_ Present nationality: \_\_\_\_\_

Gender:  Male  Female

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Security clearance (**Declaration by the competent Authorities of your country certifying that you are allowed to treat confidential and secret documents**):  Yes  No

Administration of Origin: \_\_\_\_\_

Member State: \_\_\_\_\_

Third Country: \_\_\_\_\_

International Organisation: \_\_\_\_\_

Name of your Administration: \_\_\_\_\_ (i.e. Ministry, Agency, etc...)

Address, phone and fax number of your employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**2. Educational background**

From: _____	To: _____
Date of qualification: _____	Level of degree: _____
University name: _____	University location: _____
Field of study: _____	Specialisation: _____
<i>(Please see ANNEX 1, for a list of Academic qualifications)</i>	

From: _____	To: _____
Date of qualification: _____	Level of degree: _____
University name: _____	University location: _____
Field of study: _____	Specialisation: _____
<i>(Please see ANNEX 1, for a list of Academic qualifications)</i>	

From: _____	To: _____
Date of qualification: _____	Level of degree: _____
University name: _____	University location: _____
Field of study: _____	Specialisation: _____
<i>(Please see ANNEX 1, for a list of fields Academic qualifications)</i>	

**3. Training – (Applications will not be accepted from candidates who have already benefited from any kind of contract, employment or traineeship within a European Institution)**

From: _____	To: _____
Name of training organisation: _____	
Subject: _____	
Description ( <i>Max 250 words</i> ):	
_____	
_____	

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\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of training organisation: \_\_\_\_\_

Subject: \_\_\_\_\_

Description (*Max 250 words*):

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From: \_\_\_\_\_ To: \_\_\_\_\_

Name of training organisation: \_\_\_\_\_

Subject: \_\_\_\_\_

Description (*Max 250 words*):

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**3. Training (*continued*)**

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of training organisation: \_\_\_\_\_

Subject: \_\_\_\_\_

Description (*Max 250 words*):

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\_\_\_\_\_

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**4. Professional experience (Applications will not be accepted from candidates who have already benefited from any kind of contract, employment or traineeship within a European Institution)**

Please indicate any relevant working experience.  
Specify up to **three** employments, placements or internships.  
For ongoing employment, leave end date blank.

From: _____ To: _____
Name of employer: _____
Type of employment:
<input type="checkbox"/> Paid trainee <input type="checkbox"/> Unpaid trainee <input type="checkbox"/> Voluntary work
<input type="checkbox"/> Permanent employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed
<input type="checkbox"/> Other
Description ( <i>Max 250 words</i> ):
_____
_____
_____
_____
_____

**4. Professional experience (continued)**

From: _____ To: _____
Name of employer: _____
Type of employment:
<input type="checkbox"/> Paid trainee <input type="checkbox"/> Unpaid trainee <input type="checkbox"/> Voluntary work
<input type="checkbox"/> Permanent employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed
<input type="checkbox"/> Other
Description ( <i>Max 250 words</i> ):
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From: \_\_\_\_\_ To: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Type of employment:

Paid trainee                       Unpaid trainee                       Voluntary work

Permanent employee                       Temporary employee                       Self employed

Other

Description (*Max 250 words*):

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**5. Have you already worked for a European Institution or Body?**       Yes       No

**(Applications will not be accepted from candidates who have already benefited from any kind of contract, employment or traineeship within a European Institution)**

All of the following are European Institutions or Bodies:

- Committee of the Regions
- Council of the European Union
- Court of Auditors
- Court of Justice
- Economic and Social Committee
- European Central Bank
- European Commission
- European Investment Bank
- European Ombudsman
- European Parliament
- The Agencies of the European Union (if relevant, please specify which of the Agencies you have worked for)

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of European Institution or Body: \_\_\_\_\_

Type of employment:

<input type="checkbox"/> Paid trainee	<input type="checkbox"/> Unpaid trainee	<input type="checkbox"/> Voluntary work
<input type="checkbox"/> Permanent employee	<input type="checkbox"/> Temporary employee	<input type="checkbox"/> Self employed
<input type="checkbox"/> Other		
Description ( <i>Max 250 words</i> ):		
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From: _____	To: _____	
Name of European Institution or Body: _____		
Type of employment:		
<input type="checkbox"/> Paid trainee	<input type="checkbox"/> Unpaid trainee	<input type="checkbox"/> Voluntary work
<input type="checkbox"/> Permanent employee	<input type="checkbox"/> Temporary employee	<input type="checkbox"/> Self employed
<input type="checkbox"/> Other		
Description ( <i>Max 250 words</i> ):		
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From: _____	To: _____	
Name of European Institution or Body: _____		
Type of employment:		
<input type="checkbox"/> Paid trainee	<input type="checkbox"/> Unpaid trainee	<input type="checkbox"/> Voluntary work
<input type="checkbox"/> Permanent employee	<input type="checkbox"/> Temporary employee	<input type="checkbox"/> Self employed
<input type="checkbox"/> Other		
Description ( <i>Max 250 words</i> ):		
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**6. Knowledge of languages**

In order for the NEPT to fully profit from the professional training and to be able to follow meetings and perform adequately, all candidates from Member States must have a very good knowledge of at least two Community languages, of which one should be one of the working languages of the Commission (English, French or German).

Candidates from Third countries and from International Organisations need to have very good knowledge of at least one working language of the European Commission (English, French or German).

Please use the following scale to indicate level of knowledge:

Excellent (native speaker) – Fluent – Good – Basic/weak.

	Language (please specify)	Comprehension level	Spoken level	Written level	Read level
Mother tongue:		Excellent	Excellent	Excellent	Excellent
Other languages:					

**7. Studies or publications on European topics**

Have you studied or published works on European topics, or are you preparing any such studies?  No

If so, please specify up to **three** and give details (maximum 150 characters per entry).

1. _____ _____ _____ _____ _____ _____ _____
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2. \_\_\_\_\_

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3. \_\_\_\_\_

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**8. Preferences of DG**

Please indicate, **in order of preference**, the **three** Directorates-General or services that interest you most, and explain why.

*(Please see ANNEX 2, for a list of fields of Directorates-General and Services)*

**IMPORTANT:**

- Please note that candidates from non-EU countries should **not** apply for the Enlargement DG (ELARG), the Justice DG (JUST) or the Home Affairs DG (HOME), unless their country has a bilateral agreement with the Commission.
- Applicants interested in working in the European External Action Service (EEAS) are requested to send as soon as possible an attestation of their Security Clearance to their Permanent Representation who will forward it to the EEAS.

First choice

Directorate-General/Service: \_\_\_\_\_

Personal motivation (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second choice

Directorate-General/Service: \_\_\_\_\_

Personal motivation (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Third choice

Directorate-General/Service: \_\_\_\_\_

Personal motivation (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Requested duration of the professional training**

**IMPORTANT:**

Please note that candidates from non-EU countries should apply for a 3-months-duration, unless their country has a bilateral agreement with the Commission.

3 months       4 months       5 months

**Requested day of beginning**

1<sup>st</sup> of the month       16<sup>th</sup> of the month

**10. Permanent address and contact details**

Street/N°: \_\_\_\_\_

\_\_\_\_\_

Postcode/Zip: \_\_\_\_\_  
Town/Province: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

### 11. Emergency contact address

You must have an emergency contact address (which can be the same as your permanent address). Please indicate a person to contact in case of emergency or if you are not available.

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
Street/N°: \_\_\_\_\_  
\_\_\_\_\_  
Postcode/Zip: \_\_\_\_\_  
Town/Province: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

### 12. Additional personal information

Do you have a physical disability that may require special arrangements to be made if you are chosen?

Yes  No

If **YES**, please give details and indicate the nature of the special arrangements you believe would be necessary (150 words maximum):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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I certify that the statements made by me in answer to the above questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for my exclusion from the NEPT Programme, or cancellation of my training if my application has been accepted.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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