



Union Civil Protection Mechanism Training Programme

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Registration Form (14 th Cycle)			
1. Course		Course date	
Course name (to be filled in by contractor)			
2. Name	a. Last: <i>Of participant as appears in passport</i>	b. First: <i>Of participant as appears in passport</i>	
3. Gender	Female / Male	4. Passport No.:	
5. Date of birth	dd/mm/yyyy		
6. Rank / Position / Function	<i>In national organisation</i> <i>If designations such as 'Expert' or 'Adviser' are applied mention in what context / speciality</i>		
7. Organisation and country	<i>Sending organisation</i>		<i>Sending country</i>
8. Address	<i>Of participant. Include house number, street name, postcode, city, country</i>		
9. Contact Details	a. Phone: <i>Of participant</i>		b. Mobile: <i>Of participant</i>
	c. E-mail: <i>Of participant</i>		
10a. Experience: Relevant National / International / EU Courses and / or Training	CMI: <i>date</i>	TEC/ TEC MI:	OPM:
	MBC:	SEC:	SMC:
	IMC:	ICC:	AMC:
	HLC:	HOT:	CND:
	SME or refresher:		
	Other courses:		
10b. Experience: National / Int. Missions	<i>Of participant</i>		
11. Travel Request¹	a. International airport² in participant's country serving as point of departure:		
	b. E-ticket is to be sent to the following e-mail:		

¹ No later than **X-day the XX of X 2016 / 2017** an e-ticket will be submitted to the e-mail address provided. Kindly note that any change regarding the ticket requested by the traveller must be made by the traveller and at the traveller's own expense, as there will be no reimbursement paid for such modifications.

² Only airports within the main territory of the European Union or outermost regions (of Spain, Portugal and France) will be accepted.



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12. Miscellaneous	<i>Include here any other information that may be relevant, e.g. required special provisions, allergies, medication etc.</i>	
13. Participant	<input type="checkbox"/> <i>By ticking the box, the participant confirms that</i> <i>- he/she has sufficient English language skills, as outlined below in Note 2, to adequately follow the course.</i> <i>- he/she confirms that all the details completed in this form are correct.</i>	
14. Training Coordinator	<i>The National Training Coordinator hereby confirms that the above-mentioned expert can participate in the EU course:</i>	
	a. Signature: <i>Of Training Coordinator</i>	b. Date: <i>Of Training Coordinator's Signature</i>

Important notes:

Note 1: Training centres have the possibility to invoice costs for unused tickets resulting from late cancellation or a no-show without due cause.

Note 2: For the successful completion of the course, an English language **B1 level (for CMI and MBC) or a B2 level or higher (for all other courses)** under the Common European Framework of Reference for Languages is necessary. Candidates may refer to the Council of Europe's [Self-Assessment Grid](#) to determine their English competency. Candidates unsure about their language level should test themselves with one of the cost-free tests available online.

Note 3: Every participant will have to be willing and ready to receive an individual feedback about his/ her training performance.