### Attached page 1/2



# HELLENIC MPSOTC APPLICATION FORM

TEL +30.23410.27468



e-mail: mpsotc@hndgs.mil.gr, web: https://mpsotc.army.gr, Facebook, Linked-in: Hellenic MPSOTC

Course Title :				
Course Date :				
Applicant's Personal Data  Last Name			First Name	(Submission Date) DD/MM/YYYY
Father's Name			Mother's Name	
Nationality	Male	Female	National ID Card No	
Rank/Title			Duties	
Unit or Organisation			Superior/Supervisor details	
Passport Number			Cell Phone	
Date of Birth			Work Phone	
Place of Permanent Residence			Place of Birth	
E-mail Address (please p	rovide a va	alid e-mail a	address in order to co	onfirm your participation)
Applicant's Emergency	Contact d	letails		

The applicant meets the English Language proficiency requirements as described in STANAG 6001 Listening Good (3), Speaking Fair (2), Reading Good (3), Writing Fair (2)\*.

Phone

For non military personnel, same language proficiency is needed, according to the relevant international standards for language competence\*.

Name

#### Attached Page 2/2



## HELLENIC MPSOTC APPLICATION FORM

Talling and Education

TEL +30.23410.27468

e-mail: mpsotc@hndgs.mil.gr, web: https://mpsotc.army.gr, Facebook, Linked-in: Hellenic MPSOTC

## **Previous Experience and Training**

Short CV (no more than 300 words, highlighting your current and previous posts, training-education, field experience and motives to attend the course

### **Accommodation**

Check-in

Check-out

I want to be informed for accommodation options in Kilkis

DD/MM/YYYY

DD/MM/YYYY

## I'm informed about the MPSOTC Courses through:

MPSOTC Web page

A Colleague

**MPSOTC Brochure** 

NATO/UN

#### **Remarks**

## Please send this form, by e-mail to mpsotc@hndgs.mil.gr

I have read and agree to the above stated notes and MPSOTC established policy.