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HELLENIC MPSOTC APPLICATION FORM

meducation in medical activities

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

(Submission Date)
DD/MM/YYYY

Last Name First Name

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 provide a valid e-mail address in order to confirm your participation)

Applicant's Emergency Contact details (24/7)

Name Phone

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)*.

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





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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.