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

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

Applicant's Emergency Contact details





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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

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

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