# attached to the form, if available in

jpg or gif

EFC COMMISSIONS-COUNCILS / 2017 CANDIDATURE FORM

**1. Identity and contact details:**

|  |  |
| --- | --- |
| **Surname/Family Name**:  **Given name***:* |  |
| **Gender (M/F)***:* |  |
| **Date of birth**: |  |
| **Nationality :** |  |
| **Profession**: |  |
| **Street** **& Street number** |  |
| **City and postcode**: |  |
| **Country**: |  |
| Tel home: | + |
| Fax : | + |
| E-mail : |  |
| Mobile / celular : | + |

**2.** **Languages spoken***:*

|  |  |  |  |
| --- | --- | --- | --- |
| **English** : | French: |  |  |

**3. Wishes to register for the following EFC/CEE Commission or Council:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**4.** **Diplomas, education, sport experience***:*

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| --- |
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