PERSONAL ADMINISTRATION FORM (PAF)

Course Information	
Course title	
Course dates	
Personal Information	
Full name: (Last – First name)	
Rank:	
Nationality:	
National ID Number:	
Passport No:	
Branch (Service):	
Specialty:	
Gender:	
Place & Date of Birth:	
Professional Information	
Home UNIT/HQ:	
Current Position:	
Country:	
Security Clearance Level:	
Contact Information	
Official Email address:	
Personal Email address:	
Phone (personal mobile):	
Phone (emergency or business):	
National Approving Information	
Approving Authority Rank and name	
Organization	
Official Email	
Signature (digital or uploaded document)	
Data Protection Acknowledgment	
I consent to the processing of my personal data for course administration purposes in accordance with EU Data Protection Regulations	
Signature (digital or uploaded document)	
Additional Comments: (please provide any additional comments or remarks if any)	

Please complete this application form in English **(using PC, NOT by hand, in order to avoid spelling mistakes)** and return it by e-mail signed by an authorized National

Approval Authority, no later than two (2) months prior to the commencement of the respective course iteration.