**Final Workshop Capacity Building**

***New challenges for BSOs from the Euromed Cooperation***

*Cagliari - Italy, 14-15/12/2022*

1. **General Information**

**Personal information**

**Name*:***

**First name:**

**Nationality:**

**Date of birth:**

**Gender:**

**E-mail address:**

**Telephone N°:**

**Fax N°:**

**Employer**

**Name of the organisation:**

**Position within the organisation:**

**Address for correspondence:**

**Country:**

**Town:**

**Knowledge of languages:**

Place the following numbers (1 or 2) in the appropriate boxes: 1 for thorough knowledge (oral and written); 2 for satisfactory knowledge

**Language** **Level**

Arabic

English

French

Other (Specify)

**University and post-graduate degree(s)/ Formation universitaire**

|  |  |  |
| --- | --- | --- |
| Name of establishment (city, country) / | Diploma or certificateobtained | Year / |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Experiences and skills**

**Latest professional experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer | Nature and description of tasks | From (month, | To (month, |
|  |  | year) | year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Summarise your professional experience

Relevant to your candidature to the operation

**Knowledge of office computer software**

**Periods of at least 3 months spent abroad (countries visited, years, reasons) None**

1. **Motivation of the candidate**

….

1. **Motivation of the organization sending the candidate**

…

* 1. **Declaration**
1. I declare on my word of honor that the information provided above is true and complete
2. I confirm that I am willing and committed to take an active part in the operation

 Date and Signature