# attached to the form, if available in

jpg or gif

EFC COMMISSIONS-COUNCILS 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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| --- |
|  |