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| **Remarks:*** Fill in 1 form for 1 person.
* Send this form to: zuzana.freissl@aos.sk
* Cc please send to martina.hyklova@aos.sk
 |
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**Name of the Course:**

 **Date of the Course:**

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| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
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| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
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| --- | --- |
| Branch of Service (if available) | Sending institution |
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| --- | --- |
| Phone number (for What’s app use) | E-mail address |
|  | 1. |
|  | 2. |

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| Permanent address |
|  |
| English Language STANAG 6001 level (or other certificate) |
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| --- | --- | --- | --- | --- |
| Arrival by train or bus | Arrival by car | Vehicle type and number plate  | On (arrival date)DD MM YYYY | At (arrival timeif available]) |
|  |  |  |  |  |
| Departure by train or bus | Departure by car |  | On (departure date)DD MM YYYY | At (departure timeif available]) |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot eat |
| No | Yes |  |
|  |  |

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| Please fill in your supervisor’s POC’s data below |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address |
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