

SWEDISH ARMED FORCES

INTERNATIONAL CENTRE – SWEDINT

E-mail: swedint@mil.se



CURRICULUM VITAE

Course:

PERSONAL DATA		Male 🗌 Female 🗌		
First name:		Family name:		
Date of birth:	Date of birth:		Nationality:	
Passport number:		Valid until:		
Address:				
Phone number, home:		Phone number, work:		
Cellular Phone number:		Facsimile:		
E-mail:				
Special Dietary or food requirements due to medical or religious reasons: Yes No		If yes, please specify articles or food you cannot eat:		
English language proficiency	level according to STANAG 600	01: (Further info about the STANAG i	levels at www.mil.se/swedint)	
Listening:	Speaking:	Reading:	Writing:	
PROFESSIONAL DAT	TA			
Rank:		Date of rank:		
Branch of service:				
Brief description of previo	ous assignments:			
7 1 0 00 11				
Level of staff training/expe	erience:			
Present appointment:				
* *				
Previous international serv	vice (Where? When? Appoints	ment?):		
	vice (Where? When? Appoints vice (Where? When? Appoint			
Expected international serv	vice (Where? When? Appoint			
	vice (Where? When? Appoint			