**Start date:**       **End date:**

**PARTICIPANT DATA**

|  |  |
| --- | --- |
| First name:      | Family name:      |
| Nationality:      | Gender: [ ]  Male [ ]  Female  |
| Personal (national) ID number:      | Date of birth:      |
| Phone number, work:       | Cellular phone number:       |
| Email: (Work)       |
| Rank/Title (Free text):       | OF level (military only)      |
| Branch of service:[ ]  Military [ ]  Police[ ]  Civilian[ ]  Other, Please specify:        | Organisation:[ ]  NFS (NATO Force Structure)[ ]  NCS (NATO Command Structure)[ ]  NATO Partner Country[ ]  UN[ ]  AU[ ]  EU[ ]  Other, Please specify:        |
| Organisation (Free text):       | Position (Free text):      |

|  |
| --- |
| **Point of Contact (POC):**  |
| Rank, Name:       Organisation:      Position:       | E-mail address:      Phone number:        |

**For residential courses only:**

|  |  |
| --- | --- |
| Passport number (non-Swedish applicants):      | Valid until:      |
| Special Dietary or food requirements:Yes [ ]  No [ ]  | If yes, please specify articles or food you cannot eat:      |

*Your Application Form should be completed and sent as described in the course invitation to:* *swedint@mil.se*

*SWEDINT will manage the personal information you provide in their computer system; provided information is only used for course related administrative functions.*