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**LIFE LONG LEARNING LEVEL 2 CENTER OF REGION OF  
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Photo

Pr. No. ....

Serres,...../...../.....

**Executive B Application**

(E-LEARNING AND TRAINING SUPERVISOR)

For the implementation of project PARK in IPA Cross-Border Programme 'Greece-The Former Yugoslav Republic of Macedonia 2007-2013' with code P3-003-2014

**Please fill in the following form with accurate information**

LAST NAME:					
FIRST NAME:					
FATHERS NAME:					
DATE OF BIRTH (in numbers):					
GENDER:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
ID Number:					
ADDRESS:					
		STR.		NUMBER.	
		CITY			
TELEPHONE NUMBER:					
		HOME		CELLULAR	
Email:					
Professional experience as manager on in E.U. Funding Programmes' actions		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number

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Specialized experience in E.U. Funded cross-border Programmes' actions.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number
Professional experience on Regional Development actions.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number
Experience on Networks and Internet support.		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number

<b>Current professional status</b>	
Unemployed ..... <input type="checkbox"/>	Civil servant ..... <input type="checkbox"/>
Freelance ..... <input type="checkbox"/>	Private Sector Employed ..... <input type="checkbox"/>

<b>Qualifications:</b>	
Bachelor Degree:	
University-Department:	
Date received:	
MSc Degree (in relevant with the action disciplines):	Yes <input type="checkbox"/> No <input type="checkbox"/>
MSc Title:	
University-Department:	
Date received:	
MSc Degree (in irrelevant disciplines):	Yes <input type="checkbox"/> No <input type="checkbox"/>
MSc Title:	
University-Department:	
Date received:	
PhD (in relevant with the action disciplines):	Yes <input type="checkbox"/> No <input type="checkbox"/>
PhD Title:	
University-Department:	
Date received:	

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<b>Languages:</b>	
English Language :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Title:	.....
Level:	.....
<b>Computer Skills:</b>	
Certificate Title:	
<b>Origin</b>	
The Former Yugoslav Republic of Macedonia South-East Planning Region origin	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attached are submitted the following enumerated documents:**

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
Note that the documents' validity will be confirmed by Committee in The Former Yugoslav Republic of Macedonia which will compose a qualification summary for each candidate.	

**DECLARATION**

I hereby declare that the information is true and correct. In case any of the above information is found to be false or untrue or inaccurate, I am aware that I may be held liable for according to the Law 1599/1986.

.....  
Candidate Signature

.....  
Date

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