OFFICIAL TRAINEESHIP SCHEME

INTERNATIONAL OLIVE COUNCIL

APPLICATION FORM

Calle Príncipe de Vergara, 154 28002 MADRID



Recent photo

(max. 5 x 5 cm)

| PLEASE | COMPLETE | AND | RETURN | THIS | APPLICATION | FORM | AND | ALL |
|---------------|-------------|------------|-----------|-------------|--------------|-------------|-------|-----|
| ACCOMP | PANYING DOO | TUME | NTS TO TH | E IOC | EXECUTIVE SE | CRETAI | RIAT: | |

| _ | VIA E-MAIL | (ADDRESS: | <u>iooc@internati</u> | onaloliveoil. | org); |
|---|------------|-----------|-----------------------|---------------|-------|
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OR

| _ | VIA POSTAL | DELIVERY | (ADDRESS: | International | Olive | Council, | calle |
|---|------------------|-----------------|----------------|---------------|-------|----------|-------|
| | Príncipe de Verg | ara, 154, 28002 | 2, Madrid, Spa | in). | | | |

| 1. | Application for the traineeship for |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <u>Please answer all questions</u> , if necessary stating <i>none</i> . Do not cross out or leave any boxes blank. Use block letters. Remember to sign the form and to attach a photo . |
| 2. | Surname (this application will be registered under this surname, which should be mentioned in all subsequent correspondence) |
| 3. | First name(s): |
| | (Please underline the name you are usually known by) |

| 4. | Address: | | | |
|-----|---------------------------------------------------|-------------|---------------|------------------------------------------|
| 5. | Nationality at birth: | | • | |
| | Please attach a copy of your pass | sport or of | your identity | card |
| 6. | Date of birth: | | | |
| 7.1 | Education (please attach support Higher education | ing docume | entation) | |
| | University or college | Period | of study | Degrees or other qualifications obtained |
| | | From | То | |
| | | | | |
| | | | | |
| 7.2 | Post-graduate studies | | | |
| | University or college | Period | of study | Degrees or other qualifications obtained |
| | | From | То | |
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| | Fluent | Good | Fair | Fluent | Good | Fair | Fluent | Good | F |
| Arabic | | | | | | | | | |
| English | | | | | | | | | |
| French | | | | | | | | | |
| Italian | | | | | | | | | |
| Spanish | | | | | | | | | |
| Other | | | | | | | | | |
| Compute | er skills | | | | | | | | |
| Systems | | | | | | | | | |

| - | Work experience | From | То | |
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| | Other relevant information (publications, etc.) |): | | |
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| 13. D | Declaration |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | the undersigned,, hereby declare on my honour that the information rovided in this application form is complete, accurate and true. |
| I | likewise give my word of honour that: |
| | - I am a citizen of one of the member countries of the IOC where I enjoy full rights as a citizen; |
| | - I meet the character requirements for the duties entailed in the traineeship; |
| | - I am in good health. |
| | undertake to supply, when so requested, supporting proof of the above three points and I nderstand that failure to do so may result in my application being considered void. |
| | agree to undergo the statutory medical examination to check I am physically fit to erform the duties entailed in the traineeship. |
| D | Date and signature |
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