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| **Remarks:**   * Fill in 1 form for 1 person. * Send this form to: [zuzana.freissl@aos.sk](mailto:zuzana.freissl@aos.sk) * Cc please send to [martina.hyklova@aos.sk](mailto:martina.hyklova@aos.sk) |
|

**Name of the Course:**

**Date of the Course:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
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| --- | --- | --- | --- |
| Date of birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until  DD 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 |
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| 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 time if available]) |
|  |  | |  | |  |  |
| Departure by train or bus | Departure by car | |  | | On (departure date)  DD MM YYYY | At (departure time if 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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