**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*](mailto: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.*