**DCAF Operations Middle East & North Africa**

**Application Form**

Incomplete forms will not be considered

|  |  |
| --- | --- |
| **Position applied for** |  |
| **Where did you see this post advertised?** |  |

**Personal Data**

|  |  |
| --- | --- |
| **Surname** |  |
| **Name(s)** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Nationality(ies)** |  |

**Contact details**

|  |  |
| --- | --- |
| **Street and house number** |  |
| **City** |  |
| **Postcode** |  |
| **Country** |  |
| **Telephone** |  |
| **Mobile phone** |  |
| **Email address** |  |
| **Skype ID** |  |

**Work experience**

|  |  |
| --- | --- |
| **Number of years of relevant professional experience** |  |
| **Name of current or most recent employer** |  |
| **Current or most recent job title** |  |

**Education and skills**

Please give details of your highest degree obtained

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of degree or diploma** | **Field of study** | **Name of university or institute** | **Dates** | |
| **From:** | **To:** |
|  |  |  |  |  |

Please indicate the level of your language skills according to the Common European Framework of Reference for Languages (CEFR):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mother tongue** | **A1** | **A2** | **B1** | **B2** | **C1** | **C2** | **Not applicable** |
| **English** |  |  |  |  |  |  |  |  |
| **French** |  |  |  |  |  |  |  |  |
| **Arabic** |  |  |  |  |  |  |  |  |
| **Others (please specify)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Which areas of knowledge listed below are your strongest? *Please tick a* ***maximum of 3 boxes*** *only.*

|  |  |  |  |
| --- | --- | --- | --- |
| strategic management | rule of law | civil society | communication |
| development | training | legal development | report writing |
| security | media | project management | management of external relations |

**Signature**

I confirm that the information provided on this application form is true and correct.

|  |  |
| --- | --- |
| **Place** |  |
| **Date** |  |
| **Signature**  (If submitted electronically, a signature is not necessary. Please type your name) |  |