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|  | **EUROPEAN COMMISSION** |

**application form**

**SELECTION OF TEMPORARY STAFF**

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| **Selection No.** | **COM/TA/HR/2023/PSYCHIATRIST/AD9/BRUSSELS** |

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| **YOU MUST FILL IN THE APPLICATION FORM COMPLETELY. FAILURE TO DO THIS MAY RESULT IN YOUR APPLICATION BEING REJECTED.**  **YOU MAY COMPLETE THE APPLICATION FORM IN YOUR LANGUAGE 1 CHOSEN AMONG ANY OF THE 24 OFFICIAL LANGUAGES OF THE EUROPEAN UNION, EXCEPT POINT 10 BELOW THAT YOU MUST COMPLETE IN LANGUAGE 2.**  **PLEASE NOTE THAT YOUR WHOLE APPLICATION FORM WILL BE ACCESSED BY THE SELECTION COMMITTE (DURING THE SELECTION PROCEDURE) AND BY THE HR SERVICES OF THE EUROPEAN COMMISSION (FOR RECRUITMENT IN CASE YOU ARE A SUCCESSFUL CANDIDATE) WHO WORK IN A LIMITED NUMBER OF VEHICULAR LANGUAGES.**  **IN CASE YOU SUCCEED IN THE SELECTION AND ARE PLACED ON THE LIST OF APTITUDE, YOU WILL BE ASKED TO PROVIDE A TRANSLATION OF THE APPLICATION FORM IN ENGLISH TO THE RECRUITING SERVICES IF YOU HAVE USED ANOTHER LANGUAGE FOR FILLING IN THE APPLICATION FORM.** |

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| **1**. | **Surname** | **Maiden name (if applicable)** | **Forenames** |
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| **2.** | **Address**  **(please advise of any changes as soon as possible)** | **e-mail** |  |
|  |  | **Tel. work** |  |
|  |  | **Tel. home** |  |
|  |  | **Mobile tel.** |  |
|  |  |  |  |
|  | **Name and telephone number of a person to be contacted should you be unavailable** | |  |
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| **3**. | **Place and country of birth:** | **Date of birth**  **(dd/mm/yy)** | **Current CITIZENSHIP (if dual, indicate both)** |
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| **4.** | **Gender** |  | **M** |  | **F** |  |  | **OTHER** |  |  |  |  |

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|  | **5. Place of employment: Brussels (be)**  **6. Knowledge of languages** |

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| [***Languages***](https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168045bb52) | ***L1(\*) :*** | | | | ***L2(\*) :*** | | | | | ***L3(\*) :*** | | | | | ***L4(\*) :*** | | | | |
|  | **Read** | **Write** | **Understand** | **Speak** | | **Read** | **Write** | **Understand** | **Speak** | | **Read** | **Write** | **Understand** | **Speak** | | **Read** | **Write** | **Understand** | **Speak** |
| **C2** |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |
| **C1** |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |
| **B2** |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |
| **B1** |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |
| **A2** |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |
| **A1** |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |

*\** ***Please indicate the name of the language***

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| --- | --- |
| **Other languages:** |  |

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| **7.** | **University Education** |
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| **Name and location of establishment**  **(town, country)** | **Certificate or diploma obtained** | **Date you obtained the diploma**  **(day,month, year)** | **Complete cycle of studies yes/no** | **Normal length of complete cycle** |
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*If needed add extra rows.*

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| **8. General, specialist and further training** |

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| **Name and location of establishment**  **(town, country)** | **Certificate or diploma obtained** | **Date you obtained the diploma**  **(day, month, year)** | **Complete cycle of studies yes/no** | **Normal length of complete cycle** |
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*If needed add extra rows*.

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| **9. Professional experience**  **9.1 Do you have at least 10 years of professional experience (acquired after the diploma in medicine)? Indicate, in chronological order starting with your present post, all the posts which you have held and the tasks you performed.** |
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| **Job Title** | **Name and address of employer** | **Occupation rate[[1]](#footnote-1)** | **From**  **(day,month, year)** | **To**  **(day, month, year)** |
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*If needed add extra rows.*

**10. Pre-selection criteria**

**Please describe, your professional experience and how it relate to the following pre-selection criteria set out in section 5.2 of the Call for expressions of interest.**

10.1. Do you have at least 5 years’ professional experience (acquired after the diploma in a medical specialisation) in psychiatry?

No

Yes

If yes please indicate,

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| --- | --- | --- | --- | --- |
| **nature and description of tasks** | **Name of employer** | **Occupation rate** | **From**  **(day, month, year)** | **To**  **(day, month, year)** |
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*If needed add extra rows*

10.2. Do you have at least 3 years’ professional experience in an international/multicultural environment in one of the following areas: occupational medicine, general medicine, internal medicine, emergency medicine, tropical medicine, infectiology, resuscitation and intensive care, medical control of absences due to illness, public health, psychiatry, medical expertise, and insurance medicine?

No

Yes

If yes please indicate,

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| --- | --- | --- | --- | --- |
| **nature and description of tasks** | **Name of employer** | **Occupation rate** | **From**  **(day, month, year)** | **To**  **(day, month, year)** |
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*If needed add extra rows*

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| **11**. | **Do you have a physical disability requiring special arrangements to be made at the tests?** | |
|  | **Yes** | **No** |
|  | **If so, please give details and indicate the nature of the special arrangements you consider necessary**. | |

**DECLARATION**

I, the undersigned, declare that:

a) I am citizen of one of the Member States of the European Union.

b) I enjoy my full rights as a citizen

c) I have fulfilled any obligations imposed on me by the laws concerning military service.

d) I meet the character requirements for the duties involved

e) the information provided above and in the annexes is true and complete.

I am aware that i am expected to produce supporting documents confirming the information given in my application file.

I am aware that any false statement may invalidate my application file and/or, where appropriate, result in the cancellation of the contract, pursuant to Article 50 of the Conditions of Employment of other Servants of the European Union[[2]](#footnote-2).

(Date) (Name and signature)

PLEASE SIGN THE DOCUMENT AND SAVE IT IN PDF FORMAT BEFORE ATTACHING IT TO THE FULL APPLICATION FILE.

1. E.g. full-time, part-time, etc. [↑](#footnote-ref-1)
2. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:01962R0031-20200101&qid=1579010653487&from=EN>

   [↑](#footnote-ref-2)