Ref. Ares(2020)1266867 - 28/02/2020

APPLICATION FORM
UNIVERSITY SPECIALISATION COURSE IN THE ORGANOLEPTIC ASSESSMENT OF VIRGIN OLIVE OIL
UNIVERSITY OF JAÉN (SPAIN) - 2020

Please complete this application form and return it together with a detailed *Curriculum Vitae* and supporting documents to:

International Olive Council (IOC)
Principe de Vergara, 154
28002 Madrid (Spain)
Tel.: +34-915903638
Fax: +34-915631263
E-mail: iooc@internationaloliveoil.org

PLEASE USE BLOCK CAPITALS IF COMPLETING THIS FORM BY HAND

NB: For an application to be considered eligible, candidates must send this form duly completed to the IOC, together with a detailed CV and a photocopy of their passport and any supporting documents (qualifications, etc.).

Insert your photograph here

PERSONAL DETAILS:
Surname(s)/family name(s):
Given name/first name:
Passport No (please attach copy of passport):
TAX No:
Sex:
Date of birth:
Nationality:
Private address (street, number, floor):
Post code:
Town:
Country:
Private mobile (indicate country and area codes):
Private e-mail :

REASONS FOR APPLYING):
***(Use all the space necessary*)**

EDUCATION AND QUALIFICATIONS:

UNIVERSITY DEGREE
Starting date–ending date:
Title/course:
University/centre:
Town /country:
(Repeat this section as many times as necessary)

FURTHER DEGREES
Starting date–ending date:
Title/course:
University/centre:
Town /country:
(Repeat this section as many times as necessary)

INTERNSHIPS
Starting date–ending date:
Subject matter:
University/centre/company:
Town /country:
(Repeat this section as many times as necessary)

WORK OR ACTIVITY DETAILS:
Starting date of employment/activity:
University/institution/company:
Faculty/centre/delegation:
Department/section:
Present position:
Present post held since (indicate date):
Duties:
Address (street, number, floor):
Post code:
Town:
Country:
Telephone (indicate country and area codes):
Fax (indicate country and area codes):
Work mobile (indicate country and area codes):
E-mail:
Web site:

PREVIOUS WORK EXPERIENCE/ACTIVITY:
Starting date–ending date of employment/activity:
University/institution/company:
Faculty/centre/delegation:
Department/section:
Position held:
Duties:
Address (street, number, floor):
Post code:
Town/city:
Country:
Telephone (indicate country and area codes):
Fax (indicate country and area codes):
E-mail:
Web site:
(Repeat this section as many times as necessary)

MOST IMPORTANT PUBLICATIONS:
***(Use all the space necessary*)**

NAME AND ADDRESS OF TWO RESEARCHERS OR ACADEMIC FACULTY ACQUAINTED WITH YOUR PROFESSIONAL QUALIFICATIONS AND ACTIVITIES
(*Use all the space necessary*)

KNOWLEDGE OF LANGUAGES: (answer VG= Very Good, G= Good, F= Fair)
Arabic
Read:
Spoken:
Written:
English
Read:
Spoken:
Written:
French
Read:
Spoken:
Written:
Italian
Read:
Spoken:
Written:
Spanish
Read:
Spoken:
Written:
OTHER (please specify):
Read:
Spoken:
Written:

FULL NAME AND ADDRESS OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Surname(s)/family name(s):
Given name/first name:
Address (street, number, floor):
Post code:
Town:
Country:
Tel. (indicate country and area codes):
Fax (indicate country and area codes):
E-mail:

ADDITIONAL RELEVANT INFORMATION
(*Use all the space necessary*)

I certify that the information given here is correct and I agree to notify any modification thereof.

Date: *Signature:*