

**CEP CRISIS MANAGEMENT ARRANGEMENT
EXPERTS NOMINATION FORM**

Country submitting this form: _____

National Authority authorized to nominate RC experts: _____ Signature	Name and Title _____ Date
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Planning Group (please chose from the dropdown list):

Please Choose from the menu

Nomination for (specify expertise category):

1. PERSONAL DATA

Family name	Maiden name (if appropriate)	
First name	Middle name	
Date of birth (DD/MM/YYYY)	Place of birth (city/town)	Sex (Male or Female)
Country of birth	Nationality	Other nationality (if any)

Passport/Identification Card Number:		
Current Business Mailing Address		
Alternate Mailing Address (if any)		
Telephone No.	Fax No.	E-mail address
Mobile Phone No.		

2. GENERAL DATA

Level of Security Clearance and Expiration Date:

3. LANGUAGE SKILLS

Native Language			
For languages other than your native language, indicate the language	Indicate your level of proficiency using the codes given (A = fluent - B = working knowledge - C = less than working knowledge)		
	Writing	Speaking	
English:			
French			
Other Language:			
Other Language:			

4. EDUCATION (higher, university or equivalent)

Name of the establishment (city, country)	Diploma or certificate obtained	From (day, month, year)	To (day, month, year)

5. TRAINING (Specialist and further training)

Type of training and the name of organisation providing course	Diploma or certificate obtained	From (day, month, year)	To (day, month, year)

6. RAPID REACTION TEAM (RRT) CONCEPT

The concept provides a team capable of making a rapid evaluation of civil needs and civil capabilities to support a specific Council-approved operation or other emergency situation. It will be activated by the committee in case of large-scale emergencies.

Deployment of the RRT will **begin as soon as possible, but preferably within 24 hours** of the activation.

Please indicate your readiness to be part of the RRT and to abide to the requirements specified in the relevant Handbook:

YES

NO

7. PROFESSIONAL EXPERIENCE RELEVANT TO THE POST

Current Position		
From (MM/YYYY)	To (MM/YYYY)	Functional title
Name and address of employer		
Detailed description of your duties and responsibilities		

NATO UNCLASSIFIED
Releasable to Sweden

Previous relevant positions (1)		
From (MM/YYYY)	To (MM/YYYY)	Functional title
Name and address of employer		
Telephone No.	Fax No.	E-mail
Detailed description of your duties and responsibilities		

NATO UNCLASSIFIED
Releasable to Sweden

Previous relevant positions (2)		
From (MM/YYYY)	To (MM/YYYY)	Functional title
Name and address of employer		
Telephone No.	Fax No.	E-mail
Description of your duties and responsibilities		

NATO UNCLASSIFIED
Releasable to Sweden

Other employment			
From (MM/YYYY)	To (MM/YYYY)	Name of employer	Functional title

Remarks/Observations:

By submitting this form, I certify that the statements I made are true, complete and correct to the best of my knowledge.

Signature of Nominee

Date (DD/MM/YYYY)

National Authority.....

Signature and Stamp