



Personal information

First name(s) / Surname(s) _____
Address(es) _____
Telephone(s) _____
E-mail _____
Nationality _____
Date of birth _____
Gender M F
Driving licence S N

Work experience

Dates _____
Occupation or position held _____
Main activities and responsibilities _____
Name and address of employer _____
Type of business or sector _____

Education and training

Dates _____
Title of qualification awarded _____
Principal subjects/occupational skills covered _____
Name and type of organisation providing education and training _____

Personal skills and competences

Mother tongue(s) _____

Other language(s) _____

Self-assessment

European level (*)

Language

Language

Understanding		Speaking		Writing	
Listening	Reading	Spoken interaction	Spoken production		

Technical skills and competences _____

Computer skills and competences _____

According to the UE/2016/679 Regulation, I agree to the processing my personal date.
Date _____ Signature _____