|  |  |
| --- | --- |
| **Remarks:**   * Fill in 1 form for 1 person. * Send this form to:  [apatsalides@](mailto:apatsalides@)[mod.gov.cy](mailto:cchristoforou@mod.gov.cy) * Attach a passport sized picture– preferably in jpg format to your application | I want to participate in the Common Module  Military Leadership (B) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until  DD MM YYYY |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Branch of Service (if available) | Sending institution | I want to participate as | | |
|  |  | Student | Instructor | Observer |
|  |  |  |

|  |  |
| --- | --- |
| Phone number (if available - include country code) | E-mail address |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Arrival at | On (arrival date)  DD MM YYYY | Airlines | Flight Number | At (arrival time [if available]) |
|  |  |  |  |  |
| Departure from | On (departure date)  DD MM YYYY | Airlines | Flight Number | At (departure time [if available]) |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Special dietary or food requirements due to medical or religious reasons | | **If yes**, please specify food you cannot eat |
| No | Yes |  |
|  |  |

|  |
| --- |
| Additional remarks (need for special equipment, special travel arrangements, etc.) |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If you are not the point of contact (POC) **or** if more than one person will participate from your institution please fill in POC’s data below (if **YOU** are the POC please fill in your data again) | | | | | |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | | First name(s) |
|  |  |  |  | |  |
| POC’s phone number (include country code) | | | | POC’s e-mail address | |
|  | | | |  | |