**ANNEX “A”**

**“International Spring Semester 2024” Application Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Remarks:**   * Please fill in the yellow & blue fields only. * Fill in 1 form for 1 person. * Please send this form completed at   [erasmus@sse.gr](mailto:erasmus@sse.gr) and cc' to basilekaravitis@gmail.com    Insert Photo Here  (preferably a passport picture  in jpg-format or  attach the picture to the mail) |  | I want to participate in the event  (please click to mark **the event** below – the dates **do not** include travel days) | | | | | |
| **☐** | **Entire International Spring Semester**  19 February – 14 June 2024 | | | | |
|  |  | | | |  |
| **☐** | CM Military Leadership "A" [Tactics]  (19-23 Feb 2024) |  | **☐** | CM Electronic Warfare  (08-12 Apr 2024) | |
| **☐** | CM Military Leadership "B" [Leadership Training]  (26 Feb-01 Mar 2024) |  | **☐** | CM Law of Armed Conflict  (15-19 Apr 2024) | |
| **☐** | CM Basic Military English  (04-08 Mar 2024) |  | **☐** | CM Interoperability  (22-26 Apr & 13-24 May 2024) | |
| **☐** | CM Cross-Cultural Communication  (11-15 Mar 2024) |  | **☐** | CM Cyber Security  (27-31 May 2024) | |
| **☐** | CM Cultural Awareness  (18-22 Mar 2024) |  | **☐** | CM Military Leadership "C"  [Physical Training]  (19 Feb-31 May 2024) | |
| **☐** | CM Comprehensive Approach  (25 Mar-05 Apr 2024) |  | **☐** | Other event (please specify) | |

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| Male  click to mark | Female  click to mark | Rank, ac. degree(s) | FAMILY NAME | Forename(s) / First name(s) |
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| Date of birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until |
| **Click for date** |  |  | **Click for date** |

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| Branch of Service (if available) | Sending institution’s name | I want to participate as ….  (click to mark) | | | |
|  |  | Student | Instructor | Observer | Other |
| **☐** | **☐** | **☐** | **☐** |

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| Phone number (if available)  please include country code | E-mail address(es) |
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| Arrival by  **plane**  (click to mark) | Arrival by  **train**  (click to mark) | Arrival by  **bus**  (click to mark) | Arrival by  **own car**  (click to mark) | Location of arrival  (as precise as possible to assure transport) | Arrival  date | Arrival  time |
| **☐** | **☐** | **☐** | **☐** |  | **Click for date** |  |

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| Departure by  **plane**  (click to mark) | Departure by  **train**  (click to mark) | Departure by  **bus**  (click to mark) | Departure by  **own car**  (click to mark) | Location of departure  (as precise as possible to assure transport) | Departure  date | Departure  time |
| **☐** | **☐** | **☐** | **☐** |  | **Click for date** |  |

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| Special dietary or food requirements due to medical or religious reasons  (click to mark) | | **If yes**, please specify food you cannot eat |
| No | Yes |  |
| **☐** | **☐** |

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| **Additional remarks**  (need for special equipment, special travel arrangements, etc.) |
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| 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  click to mark | Female  click to mark | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
| **☐** | **☐** |  |  |  |
| POC’s phone number (include country code) | | | POC’s e-mail address(es) | |
|  | | |  | |