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| C:\Users\d.dalessandro2\Desktop\C.C. D'ALEX\IMG UTILI\RELINT\1463750227_esdc_logo.jpg |  | ANNEX 1**APPLICATION FORM**ITALIAN NAVAL ACADEMYINTERNATIONAL NAVAL SEMESTER 2024 | Immagine correlata |  |

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| **Please do not forget to register your stay via your national (military) diplomatic chain of command!** |
|  |  |  |  |
| **Remarks:**1. Please fill in the yellow & blue fields only.
2. Fill in 1 form for 1 person.
3. Click into the squares to mark,click again to unmark.
4. When concluded, send this form by**14th July 2024** to: marinaccad.international@marina.difesa.it and (in copy) marco.carrieri@marina.difesa.it, vitantonio.dipaola@marina.difesa.it

Please send the application form with a copy of passport or ID card.See also: <http://www.emilyo.eu/node/878> |[ ]  **Leadership Seminar****(Naval Leadership)**23 Sep – 28 Sep 2024 |[ ]  **Naval Communications**11 Nov – 16 Nov 2024 |
|  |[ ]  **Common Security and Defence Policy (CSDP)**30 Sep – 05 Oct 2024 |[ ]  **Naval sensors**18 Nov – 23 Nov 2024 |
|  |[ ]  **Naval electronics**07 Oct – 12 Oct 2024 |[ ]  **Naval power plants**25 Nov – 30 Nov 2024 |
|  |[ ]  **Naval computer network**14 Oct – 19 Oct 2024 |[ ]  **Naval cyber threats**02 Dic – 14 Dic 2024 |
|  |[ ]  **Naval Architecture**21 Oct – 02 Nov 2024 |[ ]  **Oceanography**16 Dec – 21 Dec 2024 |
|  |[ ]  **Maritime Security**04 Nov – 09 Nov 2024 |[ ]  **Entire International Semester**23 Sep – 21 Dec 2024 |

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| Male | Female | Rank | FAMILY NAME | First name (s) |
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| Date of birth | Nationality | Passport or ID number | Passport or ID expiry date |
| **Click for date** |  |  | **Click for date** |

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| Branch of Service (if available) | Sending institution’s name | I want to participate as: |
|  |  | Student | Instructor | Observer |
|  |  |[ ] [ ] [ ]

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| Phone number (if available) | Mobile number (if available) | E-mail address (es) |
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| Arrival by plane | Arrival by train | Arrival by own car | Location of arrival | Arrival date | Arrival time  |
|[ ] [ ] [ ]   | **Click for date** |  |
| Departureby plane | Departureby train | Departureby own car | Location of departure | Departure date | Departure time |
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| Special dietary or food requirements due to medical or religious reasons | **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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| Point of contact (POC) of sending institute  |
| Male | Female | Rank | FAMILY NAME | First name |
|[ ] [ ]   |  |  |
| POC’s phone number | POC’s e-mail address |
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