**Application Form for the CEPOL Exchange Programme**

**2023**

This application form is the basis for the selection of the exchange programme you might be nominated to participate in.

Please make sure you fill in all sections adequately and in detail and send it in a Word version to ctinflow.exchange@cepol.europa.eu and your national point of contact.

We kindly ask you not to fill it in by hand.

|  |
| --- |
| **1. Personal information** |
| Title / Rank: |  |
| First name(s)[[1]](#footnote-1): |  |
| Family name(s)1: |  |
| Gender (male/female/other): |  |
| Date of birth (dd/mm/yyyy): |  |
| Mobile phone:  |  |
| E-mail: |  |
| Specialisation: |  |
| Mother tongue: |  |
| Foreign languages: (Language and level)Please, indicate the language and your level by self-assessing your skills according to CEFR at <https://europass.cedefop.europa.eu/resources/european-language-levels-cefr> |  |
|  |  |
| Name of organisation: |  |
| Address:  |  |
| Postcode:  |  |
| City / Town:  |  |
| Country:  |  |
| Work phone:  |  |
| Alternate e-mail: |  |

|  |
| --- |
| **2. JUDICIAL ORGANISATION****Please indicate the judicial organisation you belong to.** |
| [ ]  Court / Magistrate’s office[ ]  Prosecutor’s office[ ]  Other (please specify) ………………………………………. |

|  |
| --- |
| **3. CEPOL ICU EXCHANGE PROGRAMME** |
| In 2022 CEPOL International Cooperation Unit (ICU) Team is launching an Exchange Programme for those applicants who wish to apply for Project-led Exchange Programmes.  |
| [x]  I wish to take part in **CT INFLOW** (Counter-terrorism) Exchange Programme in the European Neighbourhood South Countries (Algeria, Jordan, Lebanon, Morocco, Tunisia) |
| **Sub thematic areas***(You are asked to tick maximum 3 sub thematic areas)*[ ]  Terrorist funding investigations; Human rights and international law in regard of terrorism cases[ ]  Cross-border investigations and prosecutions, in particular of foreign terrorist fighters and individuals suspected of planning or carrying out terrorist offences[ ]  International cooperation and exchange of terrorism-related information/evidence[ ]  Criminal justice systems; Regional and international cooperation to fight terrorismPlease identify any other sub thematic areas not mentioned above in line with your chosen thematic area.1. …
2. …
3. …
 |
|  |

|  |
| --- |
| **4.** **COUNTRIES****Please indicate the country / countries where you would like to go on the exchange for professional interest.** |
| *Please be aware that you are recommended to indicate your preferred partner country in European Union, however, matching will be done by CEPOL ICU in accordance with available nominations,* ***hence the recommended country is not guaranteed.*** |
| **Preferred Partner Countries** *(maximum 4 countries)* |
| 1. |  | 3. |  |
| 2. |  | 4. |  |
| **OR**[ ]  Any participating country |
| **Justification for professional interest in preferred partner countries:** |

|  |
| --- |
| **5. CONTACTS (PRE-MATCH)****Please indicate whether you have already agreed a mutual exchange with a partner in advance, and if yes, please give contact details of the person. Please note, that in the case of pre-match your counterpart also has to submit an application form making a reference to you.** |
| [ ]  No contact (no agreed pre-match)**OR**[ ]  PRE-MATCH (contacted and agreed in the exchange with the following person):

|  |  |  |  |
| --- | --- | --- | --- |
| First Name and Last Name of counterpart | Country | Organisation | Contact details (e-mail, phone) |
|  |  |  |  |

In case of non-successful pre-match, please confirm your preference:[ ]  continue as non-pre-match**OR**[ ]  withdraw my application |

|  |
| --- |
| **6. HOSTING****Please indicate whether you are prepared to host more than one exchangee and if yes, how many.** |
| [ ]  Yes, number: ……..[ ]  No, only one**If you are prepared to host more than one exchangee, please indicate whether rather several at one time, or individually:**[ ]  In a group[ ]  Individually |

|  |
| --- |
|  |
| **7. EXPECTATIONS / MOTIVATION****Please describe the professional reason and justification for applying for the exchange programme indicating any specifics relating to the national/regional/EU operational strategies.****Please list here any other information relevant to the exchange that could assist in the matching process.****Please describe your professional motivation to apply for this programme.** |
|  |

|  |
| --- |
| **8. APPLICANT’S CONSENT IN RELATION TO DATA TRANSFER TO THIRD COUNTRIES[[2]](#footnote-2)** |
| I hereby declare that I am informed of the following:1. In case I am selected to participate in an exchange, CEPOL shall transfer the following data to the hosting participant’s third country with the purpose of enabling the organisation of the exchange: name, surname, country, organisation, e-mail address, mobile phone number, rank, professional competences, passport details and travel details, to the CEPOL counterpart in the non-EU hosting country. CEPOL counterparts are law enforcement public authorities.2. Up-to-date there are no European Commission adequacy decisions[[3]](#footnote-3) in relation to the level of data protection in the non-EU hosting countries. In addition, there are no appropriate safeguards, in the meaning of Article 48 of Regulation (EU) 2018/1725[[4]](#footnote-4), in place. Due to the absence of adequacy decisions and appropriate safeguards potential risks linked to privacy cannot be excluded as for example the hosting country might not have a supervisory authority and/or data processing principles and/or data subject rights might not be provided for in the respective legal order.After taking into consideration the above:[ ]  I hereby provide my consent for the transfer of the above said data to the CEPOL counterpart in the hosting country.*Note that should you not provide your consent for the transfer of the data, your application cannot be further processed*. |

|  |
| --- |
| **9. SUPERVISOR’S CONSENT** |
| As supervisor, I hereby declare to have taken note of and accepted the terms and conditions set out in line with the User Guide of the relevant section of the Exchange Programme.In particular, I accept the conditions of travel and accommodation arrangements to be completed by CEPOL, and the conditions of hosting as set out in the User Guide of the relevant section. I will as supervisor ensure, except in exceptional circumstances, that the exchangees carry out the tasks expected from them in relation to the Exchange Programme.I accept the allocation of the exchangees to hosting organisations as a result of the evaluation of the applications by CEPOL and communicated to me in writing via e-mail.**I accept that after the implementation of the Exchange Programme I ensure the cascading of information and newly gained knowledge on national level, and that I can be contacted by CEPOL to provide evidence of this cascading activity.**

|  |
| --- |
| Details of the **Supervisor** of the applicant  |
| First name(s): |  |
| Family name: |  |
| Name of organisation: |  |
| Address of organisation: |  |
| Phone: |  |
| E-mail: |  |

 |

**Dear applicant, in order to get to know more about your professional background, please fill in below Curriculum Vitae:**

|  |  |  |
| --- | --- | --- |
|   |  |  |
|  |
| EuropassCurriculum Vitae |  Insert photograph. (Optional) |
|  |  |
| Personal information |  |
| First name(s) / Surname(s) | First name(s) Surname(s)  |
| Address(es) | House number, street name, postcode, city, country (indication of work address also possible) |
| Telephone(s) |  | Mobile: |  |
| Fax(es) |  |
| E-mail |  |
|  |  |
| Nationality |  |
|  |  |
| Date of birth |  |
|  |  |
| Gender |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Work experience** |  |
|  |  |
| Dates | Add separate entries for each relevant post occupied, starting from the most recent.  |
| Occupation or position held |  |
| Main activities and responsibilities |  |
| Name and address of employer |  |
| Type of business or sector |  |
|  |  |
|  |  |
| **Education and training** |  |
|  |  |
| Dates | Add separate entries for each relevant course you have completed, starting from the most recent.  |
| Title of qualification awarded |  |
| Principal subjects/occupational skills covered |  |
| Name and type of organisation providing education and training |  |
| Level in national or international classification |  |
|  |  |
| **Personal skills and competences** |  |
|  |  |
| Mother tongue(s) | **Specify mother tongue**  |
|  |  |
| Other language(s) |  |
| Self-assessment |  | Understanding | Speaking | Writing |
| European level (\*) |  | Listening | Reading | Spoken interaction | Spoken production |  |
| Language |  |  |  |  |  |  |  |  |  |  |  |
| Language |  |  |  |  |  |  |  |  |  |  |  |
|  | (\*) Common European Framework of Reference for Languages |
|  |  |
| Social skills and competences | Replace this text by a description of these competences and indicate where they were acquired.  |
|  |  |
| Organisational skills and competences | Replace this text by a description of these competences and indicate where they were acquired.  |
|  |  |
| Technical skills and competences | Replace this text by a description of these competences and indicate where they were acquired.  |
|  |  |
| Computer skills and competences | Replace this text by a description of these competences and indicate where they were acquired.  |
|  |  |
| Artistic skills and competences | Replace this text by a description of these competences and indicate where they were acquired.  |
|  |  |
| Other skills and competences | Replace this text by a description of these competences and indicate where they were acquired.  |
|  |  |
| Driving licence | State here whether you hold a driving licence and if so for which categories of vehicle.  |
|  |  |
| Additional information | Include here any other information that may be relevant, for example contact persons, references, etc.  |
|  |  |
| Annexes | List any items attached. |

1. In accordance with passport / ID [↑](#footnote-ref-1)
2. In line with Article 50(1)(a) of Regulation (EU) 2018/1725. [↑](#footnote-ref-2)
3. The European Commission has so far recognised Andorra, Argentina, Canada (commercial organisations), Faroe Islands, Guernsey, Israel, Isle of Man, Jersey, New Zealand, Switzerland, Uruguay and the United States of America (limited to the Privacy Shield framework) as providing adequate level of data protection. [↑](#footnote-ref-3)
4. Regulation (EU) 2018/1725 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC, OJ L 295, 21.11.2018, p.39-98. [↑](#footnote-ref-4)