

**CEP CRISIS MANAGEMENT ARRANGEMENT  
EXPERTS NOMINATION FORM**

Country submitting this form: \_\_\_\_\_

<b>National Authority authorized to nominate RC experts:</b>  _____ <b>Signature</b>	<b>Name and Title</b>    _____ <b>Date</b>
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Planning Group (please chose from the dropdown list): \_\_\_\_\_

Nomination for (specify expertise category):

1. PERSONAL DATA

<b>Family name</b>		<b>Maiden name (if appropriate)</b>	
<b>First name</b>		<b>Middle name</b>	
<b>Date of birth (DD/MM/YYYY)</b>	<b>Place of birth (city/town)</b>	<b>Sex (Male or Female)</b>	
<b>Country of birth</b>	<b>Nationality</b>	<b>Other nationality (if any)</b>	

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<b>Passport/Identification Card Number:</b>		
<b>Current Business Mailing Address</b>		
<b>Alternate Mailing Address (if any)</b>		
<b>Telephone No.</b>	<b>Fax No.</b>	<b>E-mail address</b>
<b>Mobile Phone No.</b>		

**2. GENERAL DATA**

<b>Level of Security Clearance and Expiration Date:</b>

**3. LANGUAGE SKILLS**

<b>Native Language</b>		
<b>For languages other than your native language, indicate the language</b>	<b>Indicate your level of proficiency using the codes given (A = fluent - B = working knowledge - C = less than working knowledge)</b>	
	<b>Writing</b>	<b>Speaking</b>
<b>English:</b>		
<b>French</b>		
<b>Other Language:</b>		
<b>Other Language:</b>		

**4. EDUCATION (higher, university or equivalent)**

<b>Name of the establishment</b> (city, country)	<b>Diploma or certificate obtained</b>	<b>From</b> (day, month, year)	<b>To</b> (day, month, year)

5. TRAINING (Specialist and further training)

Type of training and the name of organisation providing course	Diploma or certificate obtained	From (day, month, year)	To (day, month, year)

**6. RAPID REACTION TEAM (RRT) CONCEPT**

The concept provides a team capable of making a rapid evaluation of civil needs and civil capabilities to support a specific Council-approved operation or other emergency situation. It will be activated by the committee in case of large-scale emergencies.

Deployment of the RRT will **begin as soon as possible, but preferably within 24 hours** of the activation.

Please indicate your readiness to be part of the RRT and to abide to the requirements specified in the relevant Handbook:

**YES**

**NO**

**7. PROFESSIONAL EXPERIENCE RELEVANT TO THE POST**

<b>Current Position</b>		
<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>	<b>Functional title</b>
<b>Name and address of employer</b>		
<b>Detailed description of your duties and responsibilities</b>		

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<b>Previous relevant positions (1)</b>		
<b>From</b> (MM/YYYY)	<b>To</b> (MM/YYYY)	<b>Functional title</b>
<b>Name and address of employer</b>		
<b>Telephone No.</b>	<b>Fax No.</b>	<b>E-mail</b>
<b>Detailed description of your duties and responsibilities</b>		

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**Previous relevant positions (2)**

<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>	<b>Functional title</b>

**Name and address of employer**

<b>Telephone No.</b>	<b>Fax No.</b>	<b>E-mail</b>

**Description of your duties and responsibilities**

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Other employment			
From (MM/YYYY)	To (MM/YYYY)	Name of employer	Functional title

**Remarks/Observations:**

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By submitting this form, I certify that the statements I made are true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Nominee**                      **Date (DD/MM/YYYY)**

**National Authority**.....

**Signature and Stamp**