

SHORT-TERM ATTACHMENT TO THE  
EUROPEAN FOOD SAFETY AUTHORITY

**EXPRESSION OF INTEREST FORM**

**1. PERSONAL INFORMATION**

LAST NAME	MARITAL STATUS
MAIDEN NAME (if different from above)	NATIONALITY
FIRST NAME (S)	DATE OF BIRTH
GENDER <input type="radio"/> M <input type="radio"/> F	PLACE AND COUNTRY OF BIRTH

**2. ADDRESS AND CONTACT DETAILS**

ADDRESS	DAYTIME TELEPHONE NUMBER (with Country and Area Code)
POST CODE      TOWN	ALTERNATIVE TELEPHONE NUMBER OR FAX NUMBER
COUNTRY	E-MAIL ADDRESS

**3. UNIVERSITY, POST-UNIVERSITY OR EQUIVALENT EDUCATION**

CURRENTLY ATTENDING AND/OR ATTENDED

Name and Location of University	From (Month/Year)	To (Month/Year)	Degree or Diploma Obtained	Main Subjects (including title of thesis)

#### 4. PROFESSIONAL EXPERIENCE

ARE YOU CURRENTLY EMPLOYED BY A PUBLIC ADMINISTRATION OR A PUBLIC INSTITUTION?

Yes  No

INDICATE ANY SIGNIFICANT WORK EXPERIENCE RELATED TO YOUR FIELD OF STUDIES (STARTING FROM THE MOST RECENT)

a)

From (Month/Year)	To (Month/Year)	
Name and Address of Employer		
Occupation or position held		
Main activities or responsibilities		

b)

From (Month/Year)	To (Month/Year)	
Name and Address of Employer		
Occupation or position held		
Main activities or responsibilities		

c)

From (Month/Year)	To (Month/Year)	
Name and Address of Employer		
Occupation or position held		
Main activities or responsibilities		

d)

From (Month/Year)	To (Month/Year)	
Name and Address of Employer		
Occupation or position held		
Main activities or responsibilities		

## 5. LANGUAGE SKILLS

(ORAL AND WRITTEN KNOWLEDGE OF EUROPEAN UNION OFFICIAL LANGUAGES)

Mother Tongue \_\_\_\_\_

Other EU Languages      Level

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## 6. AREAS OF INTEREST

INDICATE, IN ORDER OF PREFERENCE, THE EFSA THEMATIC AREAS WHICH INTEREST YOU THE MOST FOR THE SHORT-TERM ATTACHMENT ([ORGANISATIONAL CHART](#))

(1)

(2)

(3)

## 7. PURPOSE OF SHORT-TERM ATTACHMENT

Please explain why you are applying for a short-term attachment at EFSA and briefly describe a concrete project proposal, including the thematic area and the objective.

Please also include any additional relevant information to support your application.

## 8. ENVISAGED STARTING DATE AND LENGTH OF STAY

Envisaged earliest starting date:

Envisaged length of stay:

I hereby certify that all information provided in this application form is complete and accurate.

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_