



2020 TC SWISSINT COURSE REGISTRATION FORM

For what course do you want to apply for? Please, use **one form for each course**.

International Courses, *English* spoken

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|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | ICPSO 1/ 2020 <small>20 April to 1 May 2020</small> | <input type="checkbox"/> | SUNMOC 2020 <small>12 June to 3 July 2020</small> | <input type="checkbox"/> | HEAT 1/ 2020 <small>11 May to 15 May 2020</small> | <input type="checkbox"/> | HEAT 2/ 2020 <small>9 November to 13 November 2020</small> |
|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|--|

Domestic/National Course, Non-PfP, *German* spoken

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|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | PSOR CHE 1/ 2020 <small>January, Week 2, 2020</small> | <input type="checkbox"/> | PSOR CHE 2/ 2020 <small>May, Week 19, 2020</small> | <input type="checkbox"/> | PSOR CHE 3/ 2020 <small>July, Week 28, 2020</small> | <input type="checkbox"/> | PSOR CHE 4/ 2020 <small>October, Week 43, 2020</small> |
| <input type="checkbox"/> | BWT CHE 1/ 2020 <small>30 March to 3 April 2020</small> | <input type="checkbox"/> | BWT CHE 2/ 2020 <small>12 October to 16 October 2020</small> | | | | |
| <input type="checkbox"/> | ICPSO CHE 2/ 2020 <small>26 October to 6 November 2020</small> | PSOR = former BST | | | | | |

The application form has to be handed in **NLT than 5 weeks prior to the course**. Please be aware that in order to confirm your participation we need you to approve this application form by your authorising officer/ department:

Participant's supervisor contact details (authorising officer)

| | |
|-----------------------------|--|
| SURNAME / FAMILYNAME | |
| Forename | |
| Rank / Position | |
| Postal address | |
| Phone | |
| E-mail | |

Participant's contact details

| | | | | |
|---|--------------------|----------------------------|---------------|--|
| Lastname/ Familyname (write CAPITAL letters) | Forename | Rank | Gender | |
| | | | M | F |
| Street | | House number | | |
| City | Postal Code | Country | | |
| Telephone work | | Mobile phone | | |
| Position | | E-mail | | |
| Date of Birth | | Passport No | | |
| Place of Birth | | Nationality | | |
| Driving License Category: | | Driving License No: | | International Driving License No: |
| B | C | C1 | D | other |

Dietary requirements

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Additional Remarks

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TC SWISSINT contact prior to the course

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| Training Centre SWISSINT Swiss Armed Forces Kaserne Wil CH-6370 STANS-OBBERDORF, Switzerland | Phone +41 58 467 5555 Fax +41 58 467 5566 E-Mail kdo-az.swissint@vtg.admin.ch Homepage www.armee.ch/peace-support |
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