



CBRN Security Manager Multidisciplinary Course

University of Lodz
ul.Narutowicza 68
90-136 Łódź
Poland
www.secbrnure.uni.lodz.pl

Application

I express my interest in taking the “CBRN Secure Manager” course organised by the University of Lodz. I agree to abide by the curriculum regulations and participate in all modules of the course.

Name:

Date:

Application Form

This form is intended to provide us with information to help ensure a good match between the course and its participants.

Year of Entry:

Personal details

Surname

First name(s)

Title *e.g. Mr. Mrs. Ms.*

Date of birth:

Sex M/F

Contact address:

Tel No. (home)

Fax No.

Tel No. (work)

Mobile Tel No

Email

Nationality

Country of birth

Country of permanent residence

Passport Number or ID Number

Do you have any criminal record? *(Please select)* Yes No

Education

Please list all colleges or universities attended, giving dates of course, title and subject of degree or qualification.

College/University	Course title	Result (e.g. Master)	From –To

Please list all relevant courses, trainings or professional qualification accomplished, giving dates of course, title and subject of the course.

Course organiser	Course title	Comments	From –To

Professional Career

Provide details of your professional experience. Start with your most recent employment first and work backwards.

Please describe your responsibilities and those of institutions you work(ed) at with regard to crisis management and CBRN terrorism risk mitigation and response.

Place of work Role of institution Position held Job description From –To Comments

Place of work	Role of institution	Position held	Job description	From –To	Comments

Provide details of courses or professional achievements other than those mentioned so far which might help your application.

English Language Competence

Please provide information on any English language certificates you acquired

Certificate obtained	Institution where obtained	Level (e.g. A2; B1;)	Date

If you do not hold a formal English language qualification, please indicate how you have acquired your fluency in written and spoken English.

Relevance of the course for your career and your institution

Please write *in your own words*:

What are your reasons for applying for this postgraduate course? How will this postgraduate course fit with your career plan over the next 5 years?

How will your institution benefit from your new competences and how it is going to use them?

Indicate how you intend to combine your studies with your professional commitments.

Declarations

1. I declare that I have command of written and spoken English sufficient to actively participate in the course.

Please tick

Name:

Date:

2. I confirm that the above-given information is accurate and true and may be verified on request by the course organizer.

Please tick

Name:

Date:

3. Declaration of consent to personal data processing

Pursuant to Article 23 paragraph 1 point 1) of the Personal Data Protection Act dated 29 August 1997 (Journal of Laws of 2002, No. 101, item 926 as amended), I hereby express my consent to having my personal data processed by the University of Lodz, Narutowicza 68, 90-136 Lodz, Poland (the "University"), for the purpose of my participation in the "CBRN Security Manager" course. The consent for the processing expressed above includes the following personal data: name and surname, e-mail address, phone number, place of work and its address, holding post, education, experience, professional achievements. I also give my consent to transfer my personal data between the entities – members of the consortium organizing the course. I hereby represent that I have been informed about my right to: access and adjust my personal data, lodge written, motivated request to cease processing my personal data, lodge objection against processing my personal data, as well as that providing my personal data is voluntary.

Please check:

Name:

Date:



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