



APPLICATION FORM
UNIVERSITY SPECIALISATION COURSE IN THE ORGANOLEPTIC
ASSESSMENT OF VIRGIN OLIVE OIL
UNIVERSITY OF JAÉN (SPAIN) - 2020

Please complete this application form and return it together with a detailed *Curriculum Vitae* and supporting documents to:

International Olive Council (IOC)

Principe de Vergara, 154

28002 Madrid (Spain)

Tel.: +34-915903638

Fax: +34-915631263

E-mail: iooc@internationaloliveoil.org

PLEASE USE BLOCK CAPITALS IF COMPLETING THIS FORM BY HAND

NB: For an application to be considered eligible, candidates must send this form duly completed to the IOC, together with a detailed CV and a photocopy of their passport and any supporting documents (qualifications, etc.).

PERSONAL DETAILS:

Surname(s)/family name(s):

Given name/first name:

Passport No (please attach copy of passport):

TAX No:

Sex:

Date of birth:

Nationality:

Private address (street, number, floor):

Post code:

Town:

Country:

Private mobile (indicate country and area codes):

Private e-mail :

Insert your
photograph
here

REASONS FOR APPLYING):

(Use all the space necessary)

EDUCATION AND QUALIFICATIONS:

UNIVERSITY DEGREE

Starting date–ending date:

Title/course:

University/centre:

Town /country:

(Repeat this section as many times as necessary)

FURTHER DEGREES

Starting date–ending date:

Title/course:

University/centre:

Town /country:

(Repeat this section as many times as necessary)

INTERNSHIPS

Starting date–ending date:

Subject matter:

University/centre/company:

Town /country:

(Repeat this section as many times as necessary)

WORK OR ACTIVITY DETAILS:

Starting date of employment/activity:

University/institution/company:

Faculty/centre/delegation:

Department/section:

Present position:

Present post held since (indicate date):

Duties:

Address (street, number, floor):

Post code:

Town:

Country:

Telephone (indicate country and area codes):

Fax (indicate country and area codes):

Work mobile (indicate country and area codes):

E-mail:

Web site:

PREVIOUS WORK EXPERIENCE/ACTIVITY:

Starting date—ending date of employment/activity:

University/institution/company:

Faculty/centre/delegation:

Department/section:

Position held:

Duties:

Address (street, number, floor):

Post code:

Town/city:

Country:

Telephone (indicate country and area codes):

Fax (indicate country and area codes):

E-mail:

Web site:

(Repeat this section as many times as necessary)

MOST IMPORTANT PUBLICATIONS:

(Use all the space necessary)

NAME AND ADDRESS OF TWO RESEARCHERS OR ACADEMIC FACULTY ACQUAINTED WITH YOUR PROFESSIONAL QUALIFICATIONS AND ACTIVITIES

(Use all the space necessary)

KNOWLEDGE OF LANGUAGES: (answer VG= Very Good, G= Good, F= Fair)

Arabic

Read:

Spoken:

Written:

English

Read:

Spoken:

Written:

French

Read:

Spoken:

Written:

Italian

Read:

Spoken:

Written:

Spanish

Read:

Spoken:

Written:

OTHER (please specify):

Read:

Spoken:

Written:

FULL NAME AND ADDRESS OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Surname(s)/family name(s):

Given name/first name:

Address (street, number, floor):

Post code:

Town:

Country:

Tel. (indicate country and area codes):

Fax (indicate country and area codes):

E-mail:

ADDITIONAL RELEVANT INFORMATION

(Use all the space necessary)

I certify that the information given here is correct and I agree to notify any modification thereof.

Date:

Signature:
