# 

# APPLICATION FORM

# FOR REFRESHER SEMINAR PARTICIPATION

**FEI STEWARD JUMPING**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Course/Seminar |  | Location |  |

Attendance to maintain Status 🞏

Title (Mr/Mrs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEI ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Tongue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spoken Languages \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Understood Languages \_\_\_\_\_\_\_\_\_\_\_

**Functions fulfilled (CNs/CIs/CIOs, etc...) satisfying promotion requirements.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Place | Event type,  category and level | If CI, name of Chief Steward | Remarks |
|  |  |  |  |  |

**The NF of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certifies that the information above is correct and true and wishes that the Official be promoted subject to the recommendation of the Course Director Rules requirements.**

NF official Representative’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp & Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE COURSE DIRECTOR**

**AND**

**RETURNED TO FEI UPON COMPLETION OF THE COURSE**

YES NO

Qualifications criteria correct and 🞏 🞏

sufficient for promotion

If NO, please give reason(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended for Promotion 🞏 🞏

If NO, please give reason(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Director**

Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be completed and signed by both the Official’s National Federation Representative and the Course Director prior to emailing or faxing to**

[somesh.dutt@fei.org](mailto:somesh.dutt@fei.org) or fax +41 21 310 47 60