



Bulgarian PfP Training and Education Center  
Foreign Languages Department (FLD) – Shumen

National Military University

**APPLICATION FORM**

**COURSE:** \_\_\_\_\_

**To take place from** \_\_\_\_\_ **to** \_\_\_\_\_

**Candidate's**

	<b>Rank</b>	<b>Name</b>	<b>Last name</b>
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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**Point of Contact in applying country:**

Rank, Name, Last name: \_\_\_\_\_

HQ, Department, or Unit: \_\_\_\_\_

Business address: \_\_\_\_\_

Street, City and Postal Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Country code+ Area code + Phone number

Country code + Area code + Phone number

E-mail: \_\_\_\_\_

Invoice Title: \_\_\_\_\_

Invoice Billing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized person

**Candidate's data**

Gender: Male  Female

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Street, City and Postal Code

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Branch of service: \_\_\_\_\_

Current military position: \_\_\_\_\_

English language courses completed: \_\_\_\_\_

Name of course and duration

English language scores / levels completed\*: \_\_\_\_\_

Type of test (STANAG 6001, ALCPT), date, score achieved

Special dietary requirements due to medical and/or religious reasons: Yes  No

Specify items you cannot consume: \_\_\_\_\_

Other remarks: \_\_\_\_\_

\_\_\_\_\_  
Candidate's signature

## **TRAVEL ITINERARY**

Names	
Date and Time of Arrival	
Means of Transport	
Flight/Train/Bus Number	

**Travel details are needed at least 2 weeks before arrival to ensure in-country transportation. Note FLD can only provide for your transport from Varna airport (VAR) to Shumen.**

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

**Signed:** \_\_\_\_\_

**Send to: Col Petko Petkov,**

**Director of FOREIGN LANGUAGES DEPARTMENT (FLD)**

**Partnership Training and Education Center**

**NATIONAL MILITARY UNIVERSITY**

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