Hellenic National Defence General Staff

Hellenic Supreme Joint War College

**PERSONAL ADMINISTRATION FORM (PAF)**

|  |  |
| --- | --- |
| Full name: (Last – First name) |  |
| Rank:  |  |
| National ID Number: |  |
| Passport No: |  |
| Branch (Service): |  |
| Specialty: |  |
| Gender: |  |
| Place & Date of Birth: |  |
| **Contact Information** |
| Home UNIT/HQ: |  |
| Position Title: |  |
| Phone (personal mobile): |  |
| Phone (emergency or business): |  |
| E-mail: |  |
| FAX: |  |
| **Travel Schedule** |
| **Arrivals** |
| Transportation means: |  |
| Arrival location in Thessaloniki: |  |
| Arrivals: (DD/MM/YYYY) |  |
| Arrival time: |  |
| Arrival Flight No (if applicable) |  |
| **Departures** |
| Transportation means: |  |
| Departure location from Thessaloniki: |  |
| Departures: (DD/MM/YYYY) |  |
| Departure time: |  |
| Departure Flight No (if applicable) |  |
| Additional Comments: (please provide any additional comments or remarks) |

Please complete this application form in English (using PC, NOT by hand, in order to avoid spelling mistakes) and return it by e-mail signed by an authorized National approval authority no later than **31 July 2025**

(Authorized National Approval Authority POC: Point of Contact)

POC, Rank, Name:

POC, Organization:

POC, Role /Position

POC, Email address: POC Signature

HSJWC abide by the European Data Protection Directive

 The information will only be used for course administration and will not be shared to other organizations and countries.