**Professional CV of the P JAC evaluator**

**CONTACT DETAILS**

Surname and name

Please click here and insert text

Title

Please click here and insert text

Address of permanent residence (street, house number, city, postcode, country)

Please click here and insert text

Contact address (if different from the address of permanent residence)

Please click here and insert text

Date of birth State citizenship

Please click here and insert/choose datePlease click here and insert text

Phone number including area code E-mail

Please click here and insert text Please click here and insert text

LinkedIn (if relevant)

Please click here and insert text

**PROFESSIONAL EXPERIENCE**

*Provide a separate entry for each professional experience. Pleace list only the relevant experience with regard to the qualification requirements for the role of evaluator.*

Period (from−to) Name of the employer

Please click here and insert text Please click here and insert text

Address of the employer

Please click here and insert text

Occupation/job title

Please click here and insert text

Main job description   
*(please fill in your job description including main areas of responsibilities with emphasis on competences relevant for the role of evaluator)*

Please click here and insert text

Employer’s contact details (references)

*(relevant only in case of experience through which you fulfil the requirement of 3-years practice in the selected P JAC area(s) of expertise; indicate the contact person and the form of the working relationship to you, e.g. statutory representative of the employer, manager, colleague)*

Please click here and insert text

***To add further entries, please copy the entire previous section from „Period (from–to)“***

**EDUCATION**

*Provide a separate entry for each completed degree. Pleace list only the relevant education with regard to the qualification requirements for the role of evaluator.*

Period (from−to) Name and type of educational institution

Please click here and insert textPlease cklick here and insert text

Qualifications attained *(fill in the field of study; type of graduation; degree)*

Please click here and insert text

***To add further entries, please copy the entire previous section from „Period (from–to)“***

**PROFESSIONAL TRAINING**

Period (from−to) Name and type of educational institution

Please click here and insert textPlease click here and insert text

Name of training/course *(please provide the full name of the training/course and type of its graduation, if relevant)*

Please click here and insert text

Main subjects/professional skills *(complete for each training/course attended, if relevant)*

Please click here and insert text

***To add further entries, please copy the entire previous section from „Period (from–to)“***

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| --- | --- | --- | --- | --- | --- | --- |
| **LANGUAGE PROFICIENCY** | A1  Beginner | A2  Pre-intermediate | B1  Intermediate | B2  Upper-intermediate | C1  Advanced | C2  Proficient |
| English |  |  |  |  |  |  |
| Insert other language, if relevant |  |  |  |  |  |  |
| Insert other language, if relevant |  |  |  |  |  |  |
| ***To add further entries, please copy the entire previous row*** | | | | | | |

**ADDITIONAL EXPERIENCE, KNOWLEDGE, SKILLS**

Experience in project evaluation

*(please provide at least the following information: identification/title of the programme in which you have been involved as evaluator, identification/title of the call (if relevant) in the programme, time period - e.g. 2018-2022, specification of your role - e.g. individual evaluator, member of the evaluation committee, member of the expert panel, etc., approximate number of projects evaluated; please do not provide registration numbers or other identifiers of the evaluated projects)*

Please click here and insert text

Organizational, managerial and other skills

Please click here and insert text

**PUBLICATIONS RECORD**

*Please provide a list of your publications, academic articles, etc. (in the form of bibliographic citations). Cite only the relevant publications with regard to the qualification requirements for the role of evaluator.*

Please click here and insert text

**ADDITIONAL INFORMATION**

*Please provide here any relevant additional information not stated above*

Please click here and insert text

I hereby declare that all information contained in this form is true and complete.

|  |
| --- |
| ***Electronic signature[[1]](#footnote-1)*** |

1. Once you have filled in all the information, convert the document to PDF format and sign it electronically.

   A qualified electronic certificate is not required. [↑](#footnote-ref-1)