



Application Form

for Participation in the **Common Module on CSDP**
at the Hellenic Air Force Academy - HAFA

**Remarks:**

1. Please fill in the yellow & blue fields only.
2. Fill in 1 form for 1 person.
3. Click into squares to mark, click again to unmark.
4. When concluded, send this form to:
erasmus.hafa@haf.gr

I want to participate in the event

(please click to mark **the event** below – the dates **do not** include travel days)**Common Module on CSDP / 28 Sept - 02 Oct 2026**Int'l
Sem

Male click to mark ☐	Female click to mark ☐	Rank, ac. degree(s)	FAMILY NAME	Forename(s) / First name(s)
---	---	---------------------	-------------	-----------------------------

Date of birth DD MM YYYY Click for date	Nationality	Passport or ID number	Passport or ID validity until Click for date
--	-------------	-----------------------	--

Branch of Service (if available)	Sending institution's name	I want to participate as (click to mark)			
		Student ☐	Instructor ☐	Observer ☐	Other ☐

Phone number (if available) please include the country code	E-mail address(es)
--	--------------------

Arrival by plane (click to mark) ☐	Arrival by train (click to mark) ☐	Arrival by bus (click to mark) ☐	Arrival by own car (click to mark) ☐	Location of arrival (as precise as possible to assure transport)	Arrival date Click for date	Arrival time
---	---	---	---	---	--	-----------------

Departure by plane (click to mark) ☐	Departure by train (click to mark) ☐	Departure by bus (click to mark) ☐	Departure by own car (click to mark) ☐	Location of departure (as precise as possible to assure transport)	Departure date Click for date	Departure time
---	---	---	---	---	--	-------------------

Special dietary or food requirements due to medical or religious reasons (click to mark)		If yes, please specify food you cannot eat
No ☐	Yes ☐	

Additional remarks (need for special equipment, special travel arrangements, etc.)	Insert below your picture (preferably a passport picture in jpg-format or attach the picture to the mail)

If you are not the point of contact (POC) **or** if more than one person will participate from your institution please fill in POC's data below (if **YOU** are the POC please fill in your data again)

Male click to mark ☐	Female click to mark ☐	Rank, ac. degree(s)	FAMILY NAME	First name(s)
POC's phone number (include country code)		POC's e-mail address(es)		