ENROLMENT FORM

photo

*Please complete in black upper case letters*

# Postal address

****

8 rue Chanoinesse

# 75004 PARIS

Tél : +33 (0)1 44 41 99 54

Myriam.eleore@justice.fr

THE EXACT TITLE OF THE COURSE YOU WOULD LIKE TO TAKE:

…………………......................................................................................

......................................................................................................................................................................................................................

DATES OF THE COURSE: from……………………………. to…………………………………

|  |  |  |
| --- | --- | --- |
| **IDENTITY** | **HIGHER EDUCATION** | **PROFESSIONNAL ACTIVITY** |
| SURNAME: **......................................................** | NUMBER OF YEARS OF STUDIES: **…................** | DATE APPOINDED AS A JUDGE OR PROSECU- |
| **........................................................................** | **.................……….......….........................**years | TOR (or other) : **....................................................** |
| FORENAME:**.....................................................** | SUBJECT: **.........................................................** | **.................................................................................** |
|  |
|  | **....…………………....………...................…....** | CURRENT POSITION: **........................................** |
| DATE OF BIRTH: **.............................................** |
| **........................................................................** | DIPLOMA AWARDED (indicate the highest diploma awarded): **...........................................** | **..........................................................................****.........................…..............................................** |
|  | **…………………………………………….……** |  |
|  |  |
| NATIONALITY:.................**.....................................** | **…………………………………................…….** | COUNTRY OF WORK : |
|  | PLACE AWARDED: **..........................................** | **..................................................................................** |
|  |
| TITLE: MS □ MR □ | **…………………………………........………….** |  |
|  | DATE AWARDED : **..........................................** |  |

HOME ADDRESS (postal address):…….................................…………………………….......................……………………………...........………...

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………………………………………………………………………….........................………….............................………………………………….

TELEPHONE: …………………………………..............………………..E-MAIL: ……........................................…..……………………..…..……...

PROFESSIONAL ADDRESS: …………………….........................…………………….........................……………….........…......………….……......

…………………………………………………………………….........................…………………….............................…………………………….

PROFESSIONAL TELEPHONE : ……………………………...................PROFESSIONAL E-MAIL : …….…......………..............................................

IDENTITY

□

WHY DO YOU WANT TO DO THIS COURSE AT THE ENM:

MOTIVATION

|  |  |  |  |
| --- | --- | --- | --- |
| I hereby certify that the above information is correct and complete, and that if my application should be I undertake to comply with the general rules of tuition at the ENM. . | taken | into | consideration, |
| in.**.................................................................**on...**...........................................** | **SIGNATURE OF THE APPLICANT:** |
| **STAMP OF THE COMPETENT LINE AUTHORITY AUTHORISING** |  |
| **THE APPLICANT TO FOLLOW THIS COURSE:** |  |
| NAME OF SIGNATORY:.............................................................................................................................. |  |
| CAPACITY OF SIGNATORY:.................................................................................................................... |  |
| in......................................................................................................on....................................................................... |  |

Any incomplete forms will be returned