# Eligibility criteria grid

# Expert on Secondment (Retail Banking and Payments)

|  |  |
| --- | --- |
| First name: Click here to enter text. | Family name(s): Click here to enter text. |

## 1.1. General **Yes No**

|  |  |  |
| --- | --- | --- |
| 1.1.1. I am a national of a Member State of the European Union, of an European Free Trade Association Member State ([Iceland](https://en.wikipedia.org/wiki/Iceland), [Liechtenstein](https://en.wikipedia.org/wiki/Liechtenstein), [Norway](https://en.wikipedia.org/wiki/Norway), and [Switzerland](https://en.wikipedia.org/wiki/Switzerland)), or a country with which the Council has decided to open accession negotiations and which has concluded a specific agreement on staff secondments **Please specify country:** |  |  |
| Click here to enter text. | |
| 1.1.2. I am entitled to my full rights as a citizen |  |  |
| 1.1.3. I have a thorough knowledge of one of the languages of the EU and a satisfactory knowledge of another language of the European Union |  |  |
| 1.1.4. I am employed by:  a) a member of the ESFS (as specified in Article 2 of Regulation (EU) no. 1093/2010)  b) a country with which the Council has decided to open accession negotiations and which  has concluded a specific agreement on staff secondments for participation in EBA’s work  within the meaning of Article 75 of the Regulation  c) a public intergovernmental organisation |  |  |
| 1.1.5. I have worked for my employer on a permanent or contract basis for at least 12 months before secondment |  |  |

|  |
| --- |
| 1.2. Specific |
| 1.2.1. I have a level of education which corresponds to completed university studies of at least three years attested by a diploma. | |  |  |
| 1.2.2. I have, in addition to the above, at least three years of relevant proven fulltime professional experience after completing the education as mentioned in 1.2.1. | |  |  |
| 1.2.3. I have an excellent knowledge of English language (written and spoken). | |  |  |

|  |  |  |
| --- | --- | --- |
| I have submitted my CV in the Europass format |  |  |

**Declaration:**

I declare in my word of honour, that the information provided above is true and complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: | Click here to enter a date. |