# Eligibility criteria grid

# Policy Expert (Crisis Management)

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

## 1.1. General **Yes No**

|  |  |  |
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| I have a thorough knowledge of one of the languages of the EU and a satisfactory knowledge of another language of the European Union |  |  |
| I am a national of a member state of the European Union, Iceland, Liechtenstein, Norway  **Please specify country:** |  |  |
| Click here to enter text. | |
| I am entitled to my full rights as a citizen |  |  |
| I have fulfilled any obligations imposed by applicable laws on military service |  |  |
| I am physically fit to perform the duties linked to the post |  |  |

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| 1.2. Specific |
| 1.2.1. a) I have a level of education which corresponds to completed university studies attested by a diploma and appropriate professional experience of at least one year when the normal period of university education is at least three years | |  |  |
| 1.2.1. b) I have a level of education which corresponds to completed university studies attested by a diploma when the normal period of university education is four years or more. | |  |  |
| 1.2.2. a) I have **at least 10 years** (on the basis of 1.2.1 a) of relevant proven fulltime professional experience in some or all the fields covered by the job description after completing the education as mentioned above, of which at least five years in a comparable position in the area of financial regulation or supervision, or | |  |  |
| 1.2.2. b) I have **at least 9 years** (on the basis of 1.2.1 b) of relevant proven fulltime professional experience in some or all the fields covered by the job description after completing the education as mentioned above, of which at least five years in a comparable position in the area of financial regulation or supervision. | |  |  |
| 1.2.3. I have an excellent knowledge of English language (written and spoken) | |  |  |

**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. |