**ANNEX I – Application for recognition of professional qualifications under the general system**

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| 1. PERSONAL DATA
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Name:

Surname:

Date of birth:

Place of birth:

Citizenship:

Identity document:

Place and date of issue:

Expiration date

Address of residence in the country of origin:

Address of residence in Republic of Slovenia:

Telephone:

E-mail:

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| 1. ABOUT THE PROCEDURE PLEASE INFORM ME
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By post mail:

By fax:

By e-mail:

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| 1. REGULATED PROFESSION
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I am asking for recognition of qualifications to perform the following regulated profession listed in Register of regulated professions or professional activities in the Republic of Slovenia:

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(accurately state the title and number from Register of regulated professions or professional activities in the Republic of Slovenia)

Are you qualified in EU Member State, EEA or Swiss confederation of origin for pursuing above mentioned regulated profession or professional activity? (circle) YES/NO

Is the profession stated above in the EU Member State, EEA or Swiss confederation where you come from a regulated profession? (circle) YES/NO

Is for the regulated profession stated above in EU Member State, EEA or Swiss confederation of origin organized formal education, which allows you to pursue this profession? (circle) YES/NO

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| 1. DATA ON EDUCATION AND TRAINING
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Name of the education institution (in native language):

Address of the education institution:

Country:

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| Attestation from the competent authority of the EU member state, EEA or Swiss confederation certifying that you are qualified for the regulated profession or professional activity (attach the attestation). |
| Qualification obtained/diploma/certificate/other evidence of formal education? (attach the documents). |
| Please indicate your professional title in native language: |
| Duration of education and training: |
| Evidence of content and conduct of training (attach):  |
| Evidence/attestation/proofs of other qualifications (attach): |

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| 1. PROFESSIONAL EXPERIENCE
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| Professional experience from pursuing the regulated profession or professional activity( state dates, work organizations, work places and attach relevant evidence): |

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| 1. ATTACHED DOCUMENTS
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State all documents that you have attached to this application

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Date:

Signature of the candidate: