


Annex

OPCW ASSOCIATE PROGRAMME 2026

PERSONAL HISTORY FORM

		ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS OPCW Associate Programme 2026 PERSONAL HISTORY FORM				INSTRUCTIONS Please answer each question clearly and completely. Type or print in black ink. Attach a recent photograph.									
		1. Title¹ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> DipEng <input type="checkbox"/> Dr <input type="checkbox"/> Prof. <input type="checkbox"/>		2. Last name		3. First name		Middle name		Maiden name (if applicable)					
		4. Date of birth <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Day	Month	Year				5. Place and country of birth		6. Present nationality			7. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Day	Month	Year													
8. Passport details (please attach a photocopy of your current passport)															
Number		Type		Place of issue		Date of issue			Expiry date						
		Ordinary <input type="checkbox"/>		City:		Day Month Year			Day Month Year						
		Diplomatic <input type="checkbox"/>		Country:											
9. Marital status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>															
10a. Permanent address and contact information						10b. Present address and contact information (if different)									
Street:				Number:		Street:				Number:					
Postcode:				City:		Postcode:				City:					
Country:						Country:									
	Country code	City code	Number				Country code	City code	Number						
Telephone number:							Telephone number:								
Fax:							Fax:								
Email address:						Email address:									

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For this and all like items below, please tick the appropriate box.

11a. First language or languages:				
11b. Knowledge of other languages				
Please rate your skill level for each category by circling the appropriate number (1 = low; 5 = excellent).				
	Read	Write	Speak	Understand
English:	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5
Other languages (please specify below):				
	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5
	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5
	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5	1 - 2 - 3 - 4 - 5
12. Education				
Institution name, place, and country	Main course of study	Dates attended		Degrees/academic qualifications
		From	To	
13. Other relevant training courses				
Institution name, place, and country	Main course of study	Dates attended		Degrees/academic qualifications
		From	To	
14. Computer literacy				
Application	Version, if known	Skill level		
		Advanced	Intermediate	Low
Windows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Professional experience (please list all posts held, beginning with the most recent)				
Exact title of present post (or most recent post, if not currently employed):		From month/year	To month/year	Duration months/years
Name and address of employer:				
Description of duties:				

Professional experience (continued)			
Exact title of previous post:	From month/year	To month/year	Duration months/years
Name and address of employer:			
Description of duties:			
Professional experience (continued)			
Exact title of previous post:	From month/year	To month/year	Duration months/years
Name and address of employer:			
Description of duties:			
Professional experience (continued)			
Exact title of previous post:	From month/year	To month/year	Duration months/years
Name and address of employer:			
Description of duties:			
16. Chemical industry experience			
Exact title of post:	From month/year	To month/year	Duration months/years
Name and address of employer:			
Description of duties:			

17. Please use this space to provide any additional information relevant to your application

I certify that, to the best of my knowledge, the statements I have made in response to the above questions are true, complete, and correct.

Name: _____

Signature: _____ Date: _____

Please note: You may be requested to supply documentary evidence that supports the statements you have made. However, **please do not send any such evidence until you have been asked to do so by the OPCW**. In any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the OPCW.