

Annex

OPCW ASSOCIATE PROGRAMME 2026

PERSONAL HISTORY FORM

 <p>ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS</p> <p>OPCW</p> <p>Associate Programme 2026</p> <p>PERSONAL HISTORY FORM</p>					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" style="display: inline-table; vertical-align: middle;"> <tr> <td>Day</td> <td>Month</td> <td>Year</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) <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Number</td> <td style="width: 20%;">Type</td> <td style="width: 20%;">Place of issue</td> <td colspan="3" style="width: 40%;">Date of issue</td> <td colspan="3" style="width: 30%;">Expiry date</td> </tr> <tr> <td></td> <td>Ordinary <input type="checkbox"/></td> <td>City:</td> <td>Day</td> <td>Month</td> <td>Year</td> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td></td> <td>Diplomatic <input type="checkbox"/></td> <td>Country:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										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:						
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.

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