

DECLARATION CONSENT FORM

PE/307/S/Legal Administrator

First name.....

Family name.....

I apply for the following grade:	AD 7	AD 5
	<p>I consent to possible reassignment to grade AD 5 in the event that I do not meet the eligibility criteria for grade AD 7, but do meet those for grade AD 5.</p> <p><input type="checkbox"/> Yes, I consent.</p> <p><input type="checkbox"/> No, I do not consent.</p>	<p><input type="checkbox"/> I apply for grade AD 5 and understand that reassignment to grade AD 7 is not possible, in line with the notice of competition.</p>

Date:

Signature: