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|  | | **Certificate of respite from the refresher course due to work or service abroad** | | | | | | | | | | | | | | | | | | | | | | | | | | | MOW-01-181207 | | | |
|  | | ///////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Department of Mobility and Public Works  Koning Albert II-laan 20 box 2, 1000 BRUSSELS  **T** 02 553 71 24  www.vlaanderen.be | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **To be completed by participant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Personal details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | first name and surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | national register number | | | | | |  | | | |  |  |  |  |  | | | | | | | | | | | | | | | | |
|  | | telephone number | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | e-mail address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Details of the refresher course | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | I have not made an appointment for the refresher course. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | I have made an appointment for the refresher course on:  **At the following institution:** | | | | | | | | | | | | | | | day | |  | | month | |  | year | |  | | |  | | |
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|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I declare that I cannot attend the refresher course due to my work or service abroad, and I request respite. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | date | | | | | | day | |  | | | month | |  | year |  | | | |  | | | | | | | | | | | |
|  | | signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **To be completed by the military government, the civil government or the employer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Details of the organisation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | company number | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | first name and surname of director or supervisor | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | street and house number | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | postcode and town | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | e-mail | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Start and end date of the period in which the participant cannot attend the refresher course due to their work or service abroad | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | from | | | day |  | month |  | | year | |  | | | to | | | | | day | |  | | month | | |  | | year | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | As director or supervisor, I declare that the participant will be residing abroad for reasons of work or service so that the participant is unable to attend the refresher course during the period stated above. | | | | | | | | | |  | | | | | | | | | | |  | . | | | | | | | |  | |  | date | day |  | month |  | year |  |  | |  | signature |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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