|  |  |  |
| --- | --- | --- |
|  | **Certificate of respite from the refresher course due to work or service abroad** | MOW-01-181207 |
|  | ///////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// |
|  | Department of Mobility and Public WorksKoning Albert II-laan 20 box 2, 1000 BRUSSELS**T** 02 553 71 24www.vlaanderen.be |
|  |
|  | **To be completed by participant** |
|  |
|  | Personal details |
|  |
|  | first name and surname |       |
|  | national register number |       |  |     |  |    |  |
|  | telephone number |       |
|  | e-mail address |       |
|  |
|  | 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 |      |  |
|  |  |
|  |       |
|  |
|  | 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 |
|  |
|  | 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 |
|  |
|  | from | day |    | month |    | year |      | to | day |    | month |    | year |      |  |
|  |
|  | Signature |
|  |
|  |

|  |  |
| --- | --- |
|  | 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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|  |
|  |