List of candidates for deployment

Country:_____ UN Mission: _____ Language_____

Type: **Specialized Police Team** Authorized length of initial deployment _____
(12 or 24 months)

No	First name	Family Name	Gender	Date of birth (dd-mm-yyy)	Date of joining Police (dd-mm-yyy)	Date of SAAT (if applicable)	Position in SPT	Specific skill sets possessed
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