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|  | | **INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)**  **WAGRAMER STRASSE 5, P.O. Box 100, A-1400 VIENNA (AUSTRIA)**  **TELEPHONE (+43 1) 2600, FACSIMILE: (+43 1) 26007**  **E-MAIL: Official.Mail@iaea.org, TC WEB SITE: http://www-tc.iaea.org** | | | | | | | | | | | | | | | | | |
| **NOMINATION FOR TRAINING COURSE**  Note: This form cannot be used to apply for a fellowship or scientific visit | | | | | | | | | | | | | | | | | | | | |
| **The Government of** | | | |  | | | | | | | | | | | | | | | | |
| nominates the following candidate for the **Training Course** on (indicate short title, place, dates, project/course number): | | | | | | | | | | | | | | | | | | | | |
| RER/6/026 - | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | |  | | | | | | | | |
|  | Female  Male | | | | | | | | | | | |  | Date of birth: | | | | |  | |
|  | Family name: | | | | | | | | | | | |  | Place of birth: | | | | |  | |
|  | (as in passport) | | | | | | | | | | | |  | Nationality: | | | | |  | |
|  | First name: | | | | | | | | | | | |  | Passport No.: | | | | | Recent | |
|  | **Complete mailing address (office):** | | | | | | | | | | | |  | Date of issue: | | | | | photograph | |
|  | Inst. Name: | | | | | | | | | | | |  | Place of issue: | | | | | of candidate | |
|  |  | | | | | | | | | | | |  | Valid until: | | | | |  | |
|  | Street: | | | | | | | | | | | |  | Telephone (office): | | | | |  | |
|  | P.O. Box: | | | | Post Code: | | | | | | | |  | Telephone (home): | | | | |  | |
|  | Town/City: | | | | | | | | | | | |  | Fax: | | | | |  | |
|  | Region/District: | | | | | | | | | | | |  | e-mail: | | | | | | |
|  | Country: | | | | | | | | | | | |  | WEB Page: | | | | | | |
|  | **Airport/town nearest to residence**: | | | | | | | | | | | |  | Emergency phone: | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION (commencing with secondary school)** | | | | | | | | | | | | | | | | | | | | |
| Years attended | | | | | | | Name and place of institution | | | | | | | | Field of study | | | Diploma or degree | | |
| from | | | to | | | |  | | | | | | | |  | | |  | | |
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| **RECENT EMPLOYMENT RECORD** | | | | | | | | | | | | | | | | | | | | |
| Years of service | | | | | | | Name and place of | | | | | | | | Title of position | | | Type of work | | |
| from | | | to | | | | employer/organization | | | | | | | |  | | |  | | |
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| **DESCRIPTION OF WORK** | | | | | | | | | | | | | | | | | | | | |
| Type of work done by the candidate during the past 3 years (Please attach list of any material the candidate may have published) | | | | | | | | | | | | | | | | | | | | |
| Is the candidate covered under a radiation surveillance programme in his/her home country?  yes  no | | | | | | | | | | | | | | | | | | | | |
| Has the candidate been, or will he/she be, involved in any IAEA-supported Technical Cooperation project?  (Please identify project and describe the nature of the candidate’s involvement.) | | | | | | | | | | | | | | | | | | | | |
| **PREVIOUS PARTICIPATION IN AN IAEA ACTIVITY:** | | | | | | | | | | | | | | | | | | | | |
| Has the candidate participated in a previous IAEA activity? If yes, please list each activity below: | | | | | | | | | | | | | | | | | | | | |
| **RELEVANCE OF THE TRAINING** | | | | | | | | | | | | | | | | | | | | |
| How is the Government going to make use of the training received by the candidate at the course ? | | | | | | | | | | | | | | | | | | | | |
| **LANGUAGE CERTIFICATE** | | | | | | | | | | | | | | | | | | | | |
| I, as a qualified language examiner, hereby certify that I have examined the above candidate and give the following information on his/her language qualification: | | | | | | | | | | | | | | | | | | | | |
| (a) Mother tongue of the candidate: | | | | | | | |  | | | | | | | | |  | | | |
| (b) Other languages: | | | | | | | |  | | | | | | | | |  | | | |
| (c) Language of the course: | | | | | | | |  | | | | | | | | |  | | | |
|  | | | | | | | |  | | | | | | | | |  | | | |
|  | | | | | | Read | | | | Write | | | | | | Speak | | Understand | | |
| Proficiency in the language | | | | | | Good | | | | Good | | | | | | Good | | Good | | |
| of the course | | | | | | Average | | | | Average | | | | | | Average | | Average | | |
|  | | | | | | Poor | | | | Poor | | | | | | Poor | | Poor | | |
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|  | Date | | | | | | | | | |  | | Name (printed) and signature of examiner | | | | | | | |
| **MEDICAL CERTIFICATE** | | | | | | | | | | | | |  | | | | | | | |
| I, as a qualified medical doctor, hereby certify that I have examined the above candidate and found him/her in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from his/her home. | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | |  | | | | | | | |
|  | Date | | | | | | | | | |  | | Name (printed) and signature of examining physician | | | | | | | |
| **GOVERNMENT STATEMENT** | | | | | | | | | | | | |  | | | | | | | |
| The nominating Government gives the following assurances:   1. All information supplied in this form is complete and correct; 2. Should the candidate's language qualification prove to be insufficient or should the candidate's state of health not correspond to the examining physician's statement, the nominating Government will accept the responsibility for the consequences and any costs arising therefrom; 3. It is noted that the sponsoring organization(s), host country(ies) and host institution(s) do not accept liability for the payment of any costs or compensation arising from damage to or loss of personal property, or from illness, injury, disability or death of a participant while he/she is travelling to and from or attending the training course, and it, the nominating Government, undertakes the responsibility for such coverage; 4. The position of the candidate will be retained for him/her and he/she will continue to receive during the training course a salary and related emoluments to enable him/her to meet his/her financial commitments in his/her home country; 5. If selected, the nominee will conduct himself/herself in a manner compatible with his/her status as a participant and will refrain from engaging in any political and commercial activities; 6. No facts are known to the Government regarding the reliability and character of the applicant which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used. | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  |  | | | | | | | | | | |
|  | Date | | | | | | | |  | Name and title (printed) and signature of certifying Government official | | | | | | | | | | |