

APPLICATION FOR SAFEGUARDS TRAINEESHIP PROGRAMME

INSTRUCTIONS

PLEASE READ CAREFULLY

THE IAEA REQUIRES ONE COMPLETED COPY OF THIS FORM FOR EACH APPLICANT NOMINATED. PLEASE TYPE OR PRINT IN INK.

Section A(1-21): To be completed by the applicant. If more space is required attach additional pages.

Section A (22): To be completed by authorizing Government Official.

Section B: To be completed by a qualified language teacher.

A COPY OF THE COMPLETE ACADEMIC RECORD IS REQUIRED FOR EACH APPLICANT, INCLUDING THE FOLLOWING INFORMATION ABOUT UNDERGRADUATE OR POST-GRADUATE COURSES:

- Number of semesters or academic years of study;
- Subjects studied in each semester or academic year;
- Grade (such as fair, good, very good, excellent or any other code system) for each of the above mentioned subjects; and
- -Degree obtained upon graduation.

A certified translation of this academic record is required if it is issued in a language other than English.

BEFORE SIGNING PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED. COMPLETE FORMS CAN BE PROCESSED MORE RAPIDLY THAN INCOMPLETE ONES.

The completed copy of this form returned to IAEA should consist at least of the following:

1) Form A 3 pages 2) Form B 1 page

3) Copy of academic record. Please attach

Note: This form is available in English only, since English is the language of instruction.



APPLICATION FOR SAFEGUARDS TRAINEESHIP



PERSONAL DATA (<u>AS PER PASSPORT</u>) 1. Family name:			First	First Name(s):				Attach here a photograph taken within the past 12			
2. Home address:				Telephone (preferred number):				months; print your name legibly on the back to facilitate matching it to the application should the photo become detached.			
			E-ma	ail:							
3. Office address:			Tele	phone (prefe	erred number	, including	country/city c	odes):			
E-mail:											
4. Gender 5. Maiden name if r	married: 6. C	ity & country	of birth:								
Female				Now:			Month Day				
10. Number of children 11. Name and addr	ess of person	to notify in o	ase of er	se of emergency: Relationship:							
Telephone: Facsimile:											
12. What is your mother tongue?											
13. List below proficiency in foreign	languages (ti	ck the level):									
		Read		Write			Speak				
Language	Good	Average	Poor	Good	Average	Poor	Good	Average	Poor		
14. Give details of any IAEA fellowship held by you, and any IAEA training course or scientific visit in which you have taken part.											
15. Why are you applying to the Safeguards Traineeship Programme? (around 200 words)											

Α
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16. Education (post secondary)								
Educational institutions attended List highest institution first.	Location	Major fields of study		Degrees, Diplomas		Years attended		
						From	<u> </u>	To
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17. Employment record: Starting with your present post, list in re	everse order the most	recent e	mployment you have had	-				
Name and address of employer/organization	1	Title of your position			Years of service			
						om h/Year	Моі	To nth/Year
studies, or since graduation. If more space is needed, please attach additional page.								
19. Health and Radiation I declare that I am in good health and fit to work and travel. I am free from infectious diseases and able physically and mentally to carry out any relevant duties away from home								
Yes No No								
If you have a physical disability or medical condition which might limit your ability to perform your assignment, please indicate the limitation below:								
20. Have you ever been arrested, indicted imprisoned for the violation of any law						ned or		
If "yes", give full particulars of each case in an attached statement.								

21.

I certify that the statements made by me in this application are true and complete. If selected as a Trainee, I undertake to:

- a) Conduct myself at all times in a manner compatible with my status
- b) Spend full time during the period of the award in the training programme as directed by the IAEA;

as recipient of an IAEA traineeship award;

- c) Refrain from engaging in political and commercial activities;
- d) Submit reports in accordance with the requirements of the IAEA;
- e) Refrain from accepting any assignment extraneous to the training programme; and
- f) Inform the IAEA whenever there are changes in my availability to take up or to continue the IAEA Traineeship Programme.

I understand that during the period of award I am subj	ect to the
authority of the Director General of the IAEA.	

I also understand that the award of a Traineeship carries no guarantee of employment with the Agency after the completion of training.

I undertake to return to my home country following training and to work there in the field of peaceful uses of atomic energy for a period of not less than two years, utilising the experience gained as a Trainee.

BEFORE SIGNING PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED					
	Signature of applicant	Date			
22.					
The Government of					
nominates Mr, Mrs, Miss	e (as per passport)				
for a Traineeship under the programme as approved by the Board of Governors of the International Atomic Energy Agency, and, noting the replies given by the application to the questions asked above, gives assurance that: a) All information supplied by the applicant is complete and correct; b) The Trainee will be paid all expenses relating to his passport, visa, medical examination and other incidental expenses; and c) All medical costs not covered by the insurance provided by IAEA which are incurred during the Traineeship due to illness or injury will be met by the Government.	The Government understands that the award of a Traineeship carries no guarantee of employment with the Agency after completion of training. The Government therefore undertakes to assure placement of any Trainee not so selected, in a post in the home country where he/she can work in the field of peaceful uses of atomic energy for a period of not less than two years and utilise the experience gained as a Trainee. Signature of certifying Government official Date				
	Title (printed or typed) of certifying Government	nt official			

LANGUAGE CERTIFICATE FOR SAFEGUARDS TRAINEESHIP APPLICANTS

B

CERTIFICATE OF KNOWLEDGE OF ENGLISH

to be completed by a qualified language teacher

NAME AND ADDRESS OF APPLICANT								
TYF	TYPE OF TEST ADMINISTERED ———————————————————————————————————							
OVE	ERALL SCO	RE OBTAINED in %						
		Please mark appropriate boxes	in Sections (1)	, (2), (3), (4) and (5) below.				
(1)	ABILITY T	O UNDERSTAND						
		Understands without difficulty w	hen addressed	at normal rate				
		Understands almost everything,						
	Ш	Requires frequent repetition and	d/or translation	of words and phrases				
(2)	ABILITY TO) SPEAK						
		Speaks fluently and accurately	and is easily int	elligible				
		Speaks intelligibly, but is not flu	_					
		Speaks haltingly, and is often a	t a loss for word	ds and phrases				
(3)	ABILITY TO	WRITE						
	Writes with ease and accuracy							
		Writes slowly and/or with only a						
		Writes with difficulty and makes	frequent mistal	kes				
(4)	READING A	ABILITY AND COMPREHENSIO	N					
		Reads fluently, with full compre	nension					
		Reads slowly, but understands almost everything he reads						
	Reads with difficulty, and only with frequent recourse to the dictionary							
(5)	OVERALL A	ASSESSMENT						
		Applicant's knowledge is sufficient to follow the training programme, in particular technical lectures in English:						
	Applicant's knowledge is insufficient.							
(6) Other remarks which may be of value in the development of the applicant's training programme:								
Language test has been administered by: Name:								
			Title:					
			Address:					
			Date:					
			Signature					