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| **NOMINATION FOR TC TRAINING COURSE** | | | | | | | | |
| **The Government (nominating authority) of**  Nominates the person indicated below for the following event organized under TC project  Event title:  Location:  Date(s): YYYY-MM-DD - YYYY-MM-DD | | | | | | | | |
| 1. **PERSONAL INFORMATION** | | | | | | | | |
| Gender:  Female  Male | | | Nationality: | | | | | |
| Family name (**as in passport**): | | | 2nd nationalit (if any): | | | | | |
| Middle name (if any, **as in passport**): | | | Passport No.: | | | | | |
| First/given name (**as in passport**): | | | Date of issue: YYYY-MM-DD | | | | | |
| Date of birth: YYYY-MM-DD | | | Place of issue: | | | | | |
| Place of birth: | | | Valid until: YYYY-MM-DD | | | | | |
| **2. CONTACT DETAILS** | | | | | | | | |
| Institute name: | | | | | | | | |
| Institute address: | | | | | | | | |
| PO Box: | | | | | | | | |
| Zip Code: | | | | | | | | |
| Town/City: | | | | | | | | |
| State: | | | | | | | | |
| Country: | | | | | | | | |
| Telephones (including country/city codes): | | | | | | | | |
| Office:  Home:  Cellular: | | | | | | | | |
| Work email:  Private email: | | | | | | | | |
| Web: | | | | | | | | |
| **Airport/town nearest to residence:** | | | | | | | | |
| 1. **LANGUAGE SKILLS** | | | | | | | | |
| **Mother tongue**: | | | **Description:** | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Language** | **Speak** | **Read** | **Write** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | FLUENT (F)  WORKING KNOWLEDGE (W)  LIMITED (L) | Speak, read and write nearly as well as mother tongue  Engage freely in discussions, read and write more complex material  Limited conversation, reading of newspapers, routine correspondence | | | | |
| 1. **EDUCATION** | | | | | | | | |
| Start date: YYYY-MM | | | Institution: | | | | | |
| (Anticipated) Graduation date: YYYY-MM | | | Institution city: | | | Institution country: | | |
| Education level (achieved): | | | Main course of study: | | | | | |
|  | | | Specialization: | | | | | |
| Start date: YYYY-MM | | | Institution: | | | | | |
| (Anticipated) Graduation date: YYYY-MM | | | Institution city: | | | Institution country: | | |
| Education level (achieved): | | | Main course of study: | | | | | |
|  | | | Specialization: | | | | | |
| 1. **WORK EXPERIENCE** | | | | | | | | |
| Current job:  Yes  No | | |  | | | | | |
| Employer: | | | Type of business: | | | | | |
| Job function: | | | Exact title of post: | | | | | |
| Start date - End date: YYYY-MM - YYYY-MM | | | Work location (city/country): | | | | | |
| Current job:  Yes  No | | |  | | | | | |
| Employer: | | | Type of business: | | | | | |
| Job function: | | | Exact title of post: | | | | | |
| Start date: YYYY-MM - YYYY-MM | | | Work location (city/country): | | | | | |
| Current job:  Yes  No | | |  | | | | | |
| Employer: | | | Type of business: | | | | | |
| Job function: | | | Exact title of post: | | | | | |
| Start date - End date: YYYY-MM - YYYY-MM | | | Work location (city/country): | | | | | |
| 1. **HEALTH AND RADIATION** | | | | | | | | |
| I declare that I am in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from home. | | | | | | | | Yes  No |
| If you have a physical disability or medical condition which might limit your ability to perform your assignment, please indicate the limitations below: | | | | | | | | |
| A certificate of good health dated not more than three months prior to the assignment must be submitted for:   * training courses that are longer than three months; * all candidates over the age of 65. | | | | | | | | |
| Are you covered under a radiation surveillance programme in your country? | | | | | | |  | |
| Yes  Please provide the dose records for the past five years. | No  Please provide:   * A medical certificate or personal declaration of health fitness to work with ionizing radiation; * Information on your training in radiological protection; * The dose records of the past five years (if available). | | | | | | | |
| Radiation Surveillance Remarks: | | | | | | | | |
| 1. **DESCRIPTION OF WORK** | | | | | | | | |
| Past work done by the nominee which is relevant to the event: | | | | | | | | |
| 1. **PREVIOUS PARTICIPATION IN IAEA ACTIVITIES** | | | | | | | | |
| Have you been or will you be involved in any IAEA activity?:  Yes  No  If yes, please list each activity below: | | | | | | | | |
| 1. **OBJECTIVES FROM THE GOVERNMENT’S POINT OF VIEW** | | | | | | | | |
| How is the Government going to make use of the training received by the candidate at the course? | | | | | | | | |
| 1. **COUNTRY APPROVAL** | | | | | | | | |
| The nominating authority gives the following assurances:   * All information supplied in this form is complete and correct, and the applicant is proficient in the training language; * 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 authority will accept the responsibility for the consequences and any costs arising therefrom; * 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 authority, undertakes the responsibility for such coverage; * The position of the nominee will be retained for him/her and he/she will continue to receive during the training a salary and related emoluments to enable him/her to meet his/her financial commitments in his/her home country; * If selected, the nominee will conduct himself/herself in a manner compatible with his/her status as a participant in an IAEA event and will refrain from engaging in any political and commercial activities; * No facts are known to the nominating authority regarding the reliability and character of the nominee which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used. | | | | | | | | |
| SIGNATURE OF COUNTERPART | | NAME: | | | DATE: YYYY-MM-DD | | | |
| SIGNATURE OF AFRA NC | | NAME: | | | DATE: YYYY-MM-DD | | | |