



INTERNATIONAL ATOMIC ENERGY AGENCY
Department of Nuclear Safety and Security
Office of Nuclear Security

NOMINATION FOR TRAINING COURSE

The Government of:

Nominates the following candidate for **the International Training Course on the Physical Protection of Nuclear Material and Nuclear Facilities, 19 April-8 May 2009, Albuquerque, New Mexico, USA (J0-TR-37526 NSF08164)**

Family name: <i>(as in passport)</i>
First name:
Complete mailing address (office):

Date of birth:
Place of birth:
Nationality:
Passport No.:
Date/Place of issue:
Valid until:
Telephone (office):
Fax:
Email:

Recent photograph of candidate	

EDUCATION (commencing with secondary school)

Years attended		Name and place of institution	Field of study	Diploma or degree
from	to			

RECENT EMPLOYMENT RECORD

Years of service		Name and place of employer/organization	Title of position	Type of work
from	to			

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)

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.)

FELLOWSHIPS

What fellowships have been awarded to the candidate and which training course(s) has he/she attended? (Indicate year, subject, host institution and place)

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:
- (d) Proficiency in the language of the course:

Read	Write	Speak	Understand
<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average
<input type="checkbox"/> Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Poor

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 examiner

GOVERNMENT STATEMENT

The nominating Government gives the following assurances:

- (a) All information supplied in this form is complete and correct;
- (b) 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;
- (c) 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;
- (d) 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;
- (e) 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;
- (f) No facts are known to the Government as regards the reliability and character of the candidate that would militate against the granting of access to nuclear installations.

Date:

Name and title (printed) and signature of certifying Government Official:



ANNEX TO NOMINATION FORM

International Training Course on the Physical Protection of Nuclear Material and Nuclear Facilities

Albuquerque, New Mexico, USA, 19 April-8 May 2009 (J0-TR-37526 NSF08164)

US Personal Information Form

Candidate's Name (exactly as it appears your passport)			
	Last Name/Family Name	First Name/Given Name	Second or Additional Name(s)
Gender			
Date of Birth			
	Month	Day	Year
Place of Birth			
	City	State/Region	Country
Residence Street Address			
Passport			
	Number	Expiration	Country of Issue
Visa			
	Number (if available)	Expiration	Visa Type
Current Employer			
Street Address			
	Post Code	State	Country
Business Telephone Number			
Business Fax Number			
Email Address			
Title or Position			
Field of Expertise			

Please fill in this form and submit together with standard IAEA Nomination Form