

**E-learning Training Course on NDC Capacity Building: Access and Application of IMS Data and IDC Products**

# **REGISTRATION FORM**

# **Please, write legibly according to your passport!**

FAMILY NAME FIRST NAME (S)

Ms. Mr.

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| --- | --- | --- |
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| --- | --- | --- |
| NATIONALITY | DATE OF BIRTH | PLACE OF BIRTH |

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| --- | --- | --- | --- |
| PASSPORT No | ISSUING DATE | ISSUING PLACE | EXPIRING DATE |

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| --- | --- | --- | --- | --- | --- | --- |
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**COMPLETE CANDIDATE’S BUSINESS MAILING ADDRESS**

# **Please, write legibly since this address will be used for all correspondence and check carefully the fax number**

Name of institution or firm:

Street, number:

Town, country code:

Phone; mobile phone (including international code):

Fax (including international code):

Email:

Internet access is available for attending the online course

Please send the course on CD; internet access for submitting the learning results is available.

My background is:

Station operator NDC manager NDC waveform analyst NDC radionuclide analyst

National authority or advisor Academia Other

**KNOWLEDGE OF LANGUAGES.** What is your mother tongue?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Read | | Write | | Speak | | Understand | |
| OTHER LANGUAGES | Easily | Not easily | Easily | Not easily | Fluently | Not fluently | Easily | Not easily |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. University or equivalent | | | | | |
| Name, place and country | Years attended | | Degrees and academic distinctions | | Main course of study |
|  | from | To |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| B. Schools or other formal training or education during last three years *(e.g. high school, technical school or apprenticeship)* | | | | | |
| Name, place and country | Type | | Years attended | | Certificates or diplomas obtained |
|  |  | | From | to |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

**EMPLOYMENT RECORD**: Starting with your present post, list in reverse order the employment you have had during the past 5 years. Use a separate block for each post.

|  |  |  |
| --- | --- | --- |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name of employer | | Type of business |
| BRIEF DESCRIPTION OF YOUR DUTIES | | |
|  | | |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name of employer | | Type of business |
| BRIEF DESCRIPTION OF YOUR DUTIES | | |

DIRECTOR OF INSTITUTION CANDIDATE

(Name, date, signature) (Date, signature)

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This Registration Form must be returned through the appropriate country’s Permanent Mission in Vienna or Ministry of Foreign Affairs**,** in order for a candidate to be considered for the programme.

However, pending its official transmission, it might be faxed after it has been signed by the Director of Institution or Firm. Please send to:

Ms Jennifer **Phoa-Sun**  
IDC/CBT, CTBTO Preparatory Commission

P.O. Box 1200, A-1400

Email: [training@ctbto.org](file:///C:\Users\phoa\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.IE5\PIM58E59\training@ctbto.org)

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