

**Introductory Training Course on Radionuclide IMS Data and IDC
Products (particulates and noble gas)
16 to 25 September 2025
Vienna International Centre, Vienna, Austria**

ELIGIBILITY CRITERIA AND PARTICIPANT PROFILE

1. What best describes your role in your home institution (mark all that apply)?

- ☐ NDC staff ☐ Waveform analyst ☐ Radionuclide analyst
☐ Station operator ☐ Other, specify _____

2. Are you an authorized user of IMS data and IDC products?

- ☐ No ☐ Yes, Principal User ☐ Yes, Regular User My SSO account* is _____

* SSO account is the username for accessing the IDC Secure Web Portal (swp.ctbto.org)

REGISTRATION FORM

Please fill out the form electronically. If you use pen, please write legibly in block. Name should be written as it appears in your **PASSPORT!**

Ms. ☐ Mr. ☐

FAMILY NAME

FIRST NAME(S)

NATIONALITY

**DATE OF BIRTH
(DD/MM/YYYY)**

PLACE OF BIRTH

PASSPORT No

ISSUING DATE

EXP. DATE

DEPARTURE CITY

MOBILE (INCL. INT CODE)

WORK PHONE

EMAIL

CONTACT PERSON IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE)

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

ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT EMPLOYMENT:

From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post
Name, address and phone number of the institution/employer		Type of business
BRIEF DESCRIPTION OF YOUR DUTIES		

EDUCATION and TRAINING

A. University or equivalent				
Name, place and country	Years attended		Degrees and academic distinctions	Main course of study
	from	To		
B. Relevant professional training				
Name, place and country	Type	Years attended		Certificates or diplomas obtained
		From	to	

DIRECTOR OF INSTITUTION
(Name, date, signature)

CANDIDATE
(Date, signature)

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This Registration Form must be returned through the appropriate country's Permanent Mission to the CTBTO or Ministry of Foreign Affairs **by latest 30 June 2025**, in order for a candidate to be considered for the programme. Please send to:

Capacity Building and Training Section (IDC/CBT)
CTBTO Preparatory Commission
P.O. Box 1200, A-1400
Vienna, Austria
Tel: +43 1 26030 6132
Email: training@ctbto.org

However, pending the official nomination, participants may email the registration form upon its approval by a director/head of the institution, to allow timely travel and accommodation arrangements by the PTS.

Each participant is responsible for obtaining his/her own visa to AUSTRIA, upon receipt of an official Acceptance Note Verbale from the Provisional Technical Secretariat.