

**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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| 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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**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)

**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:

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 the last three years *(e.g., high school, technical school, or apprenticeship)* | | | | | |
| Name, place, and country | Type | | Years attended | | Certificates or diplomas obtained |
|  |  | | From | to |
|  |  | |  |  |  |
|  |  | |  |  |  |
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**EMPLOYMENT RECORD**: Starting with your present post, list the employment you have had during the past 5 years in reverse order. 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 | | |
|  | | |

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 for a candidate to be considered for the programme.

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

Ms. Russol Al-Dulaimi

Capacity Building and Training Section (IDC/CBT)

International Data Centre Division

CTBTO Preparatory Commission

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