

**TRAINING PROGRAMME ON REGIONAL OCEAN GOVERNANCE FRAMEWORK,
IMPLEMENTATION OF THE UNITED NATIONS CONVENTION ON
THE LAW OF THE SEA (UNCLOS) AND ITS RELATED INSTRUMENTS IN
THE SOUTHEAST ASIAN & THE INDIAN OCEAN**

Navyphirom Hotel, Royal Thai Navy
Hua Hin, Prachuap Khiri Khan, THAILAND
July 1-28, 2018

Participant Nomination Form

To be completed by a senior official of the nominating Government department/national or regional organization.

The Government/organization _____

nominates _____

as a candidate to attend _____
and certifies that:

- (a) all information supplied by the nominee in the attached form is complete and correct;
- (b) the nominee has adequate knowledge, appropriately tested, of the English language;
- (c) the absence of the nominee during his/her attendance at the course would not have any adverse effect on his/her status, seniority, salary, pension or similar rights; and,
- (d) if selected, the applicant would conduct at least one seminar/workshop after the course to share the knowledge and skills gained from the training.

On return from attendance at the course, it is proposed to employ the candidate as follows:

Title of candidate's proposed post: _____

Proposed duties and responsibilities: _____

Name of nominator

Signature of nominator

Title of nominator

Date

Postal address

Official seal:

E-mail address

8. Post-secondary Education and Training (Start with most recent and work backwards)

Name of Institution

Dates of Study

Qualification/Degree & Subject
(e.g. B.Sc. in Marine Biology)

9. Scholarship(s) you have previously held

10. IOI Training Programme(s) you have previously attended

11. Employment Record

(i) Title of current/most recent position:

Years of service (from - to):

Name and postal address of employer/organization:

Name and e-mail address of supervisor:

Detailed description of your work:

If selected, will you be returning to this position after the course?

Yes / No (circle one)

If No, please clarify:

(ii) Title of previous position of most relevance:

Years of service (from - to):

Name and postal address of employer/organization:

Name and e-mail address of supervisor:

Detailed description of your work:

12. Membership in professional societies and activities in civil, public or international affairs of relevance

13. Relevant publications you have written (do not attach)

14. Organizations or funding agencies applied to for scholarships (attach copies of correspondence). **Please note that IOI scholarships are intended for those who can demonstrate they have attempted to find external funding.**

15. Detailed description of the practical use you will make of this training on your return home, in relation to the responsibilities you expect to assume and the conditions existing in your country in your field of work. Please also include a brief outline of how you would share the knowledge and skills gained during the programme through at least one seminar or workshop on your return, and who/how many people would benefit from this. *(Use extra page if you require additional space.)*

16. Proposed course of attendance

___ July 1-28, 2018

17. Where/how did you hear about the IOI training programme?

18. I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge

Signature of Candidate

Date

Contact Address:

International Ocean Institute, Thailand Operational Center (IOI-Thailand)
Plodprasop Building, 7th Floor Department of Fisheries
Kaset Klang, Chatuchak, Bangkok 10900, Thailand
Tel: 088 007 9999, 093 950 2257
Email: ioi.thailand@hotmail.com

All nominees should complete application form and return to IOI Thailand (ioi.thailand@hotmail.com) as soon as possible but no later than 10 May 2018

Successful applicants will be notified of their acceptance by 15 May 2018

Medical Report

Instructions

To be completed by a registered medical practitioner after thorough clinical and/or laboratory examination. The IOI reserves the right to require the candidate to undergo a further medical examination before his/her course participation.

Name of Candidate	Date of Birth	Male/Female
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Is the person examined at present in good health and enjoying full working capacity?

Is the person examined able, physically and mentally, to carry on intensive study abroad?

Does the person examined have any infectious or other diseases (for example, tuberculosis, trachoma, malaria, AIDS) which could present risks for the candidate and/or his/her contacts during the course? If so, please provide details.

Does the person examined have any conditions (including but *not* limited to pregnancy) or any allergies which might require treatment during the course? If so, please provide details. It is important to note that **the medical insurance does NOT cover pre-existing conditions**, and the participant would find medical care extremely expensive in Thailand.

Name and Address of Examining Physician:

Signature of Examining Physician

Date
