

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		

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____

Address: _____

Phone: _____

DIRECTOR OF INSTITUTION OR FIRM
(Name, date, signature)**CANDIDATE**
(Date, signature)

- This Training Registration Form must be returned through the appropriate country's Permanent Mission in Vienna or Ministry of Foreign Affairs **15 April 2012**, in order for a candidate to be considered for the programme. Please send to:

Mr. Belkacem Djermouni
 Head, Services & Training Unit
 IDC/CBT, CTBTO Preparatory Commission
 P.O. Box 1200, A-1400
 Vienna
 Austria
 Phone: +43 1 26030 6312
 Fax: +43 1 26030 5973
 Email: belkacem.djermouni@ctbto.org

- However, pending its official transmission, it might be faxed after it has been signed by the Director of Institution or Firm, in order not to delay the preparation by CTBTO for the candidate's travel and stay.

Each participant is responsible for obtaining his/her own visa to Austria.