

**Technical Training for Radionuclide Station Operators**

**with SAUNA Equipment**

**8 to 12 May 2023**

**Uppsala, Sweden**

 **REGISTRATION FORM**

**Please, write legibly since this information will be used for all correspondence. Check carefully: email address and fax number. Name should be written as it appears in your PASSPORT!**

**Ms. Mr.**

**FAMILY NAME FIRST NAME (S)**

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| --- | --- | --- |
| **NATIONALITY** | **DATE OF BIRTH (DD/MM/YY)** | **PLACE OF BIRTH** |
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| --- | --- | --- | --- |
| **PASSPORT No** | **ISSUING DATE AND PLACE** | **EXPIRING DATE** | **DEPARTURE AIRPORT** |
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| --- | --- |
| **NAME OF INSTITUTION** | **STREET, NUMBER**  |
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| **CITY** | **POST CODE**  | **COUNTRY** |
|  |  |  |  |  |

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| **PHONE (INCL. INT CODE)** | **FAX (INCL. INT CODE)** | **EMAIL** |
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| **CONTACT PERSON IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE)** |
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**STATION NAME (for station operator)**

|  |
| --- |
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**STATION OPERATOR LOCAL OPERATOR**

**YEARS OF STATION OPERATOR OR LOCAL OPERATOR EXPERIENCE:** \_\_\_\_\_\_\_**Years**

**I WORK AT THE NDC: Y N**

**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 and TRAINING**

|  |
| --- |
| **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 |
|  |  |  |  |  |
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**EMPLOYMENT RECORD**: Your present post and previous post. 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 OR FIRM CANDIDATE

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

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This Training Registration Form must be returned through the appropriate country’s Permanent Mission in Vienna or Ministry of Foreign Affairs by latest 10 March **2023**,in order for a candidate to be considered for the programme. Please send to:

Capacity Building and Training Section (IDC/CBT)

International Data Centre Division

CTBTO Preparatory Commission

Tel # +43-1-26030-6132

Fax # +43-1-26030-5973

Email: training@ctbto.org

However, pending its official transmission, it can 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 participation.

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