



**NDC training for Spanish Speaking NDCs**

**20-24 November 2023**

**San Jose, Costa Rica**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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)

1. **Have you successfully completed E-Learning Training Course on NDC Capacity Building: Access and Application of IMS Data and IDC Products?\***

**[ ]  No [ ] Yes, my username is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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)**

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| **NATIONALITY** | **DATE OF BIRTH (DD/MM/YYYY)** | **PLACE OF BIRTH** |
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| --- | --- | --- | --- |
| **PASSPORT No** | **ISSUING DATE** | **EXP. DATE** | **DEPARTURE CITY** |
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| --- | --- | --- |
| **MOBILE (INCL. INT CODE)** | **WORK PHONE** | **EMAIL** |
|  |  |  |  |  |

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

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**KNOWLEDGE OF LANGUAGES. What is your mother tongue?**

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| --- | --- | --- | --- | --- |
|  | **Read** | **Write** | **Speak** | **Understand** |
| **OTHER LANGUAGES** | **Easily** | **Not easily** | **Easily** | **Not easily** | **Fluently** | **Not fluently** | **Easily** | **Not easily** |
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**CURRENT EMPLOYMENT**:

|  |  |  |
| --- | --- | --- |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name, address and phone number of the 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 |  |  |
|   |  |  |  |  |
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|  |  |  |  |  |
| **B. Relevant professional training** |
| Name, place and country | Type | Years attended | Certificates or diplomas obtained |
|  |  | From | to |  |
|  |  |  |  |  |
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| --- | --- |
| **DIRECTOR OF INSTITUTION**(Name, date, signature) | **CANDIDATE**(Date, signature) |
| .......................................................... | ..................................................... |

This Registration Form must be returned through the appropriate country’s Permanent Mission in Vienna or Ministry of Foreign Affairs **by latest 17 September 2023**,in order for a candidate to be considered for the programme. Please send to:

[**Capacity Building and Training Section (IDC/CBT)**](http://intranet.ctbto.org/org_chart_advanced_for_link.htm?findOrgId=40002151&persId=8702115#se)

**International Data Centre Division**

**CTBTO Preparatory Commission**

**Tel #  +43-1-26030-6147**

**Email:** **training@ctbto.org**

However, pending its official transmission, the filled Registration Form should be sent by email 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 Costa Rica, upon receipt of an official Acceptance Note Verbale from the Provisional Technical Secretariat.**