**A black background with blue letters

AI-generated content may be incorrect.**

**Technical Training for Radionuclide Station Operators with**

**SPALAX NG Equipment**

**TeST Centre, Seibersdorf, Austria, 3 to 6 November 2025**

**REGISTRATION FORM**

**Please, write legibly since this information will be used for all correspondence.**

**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 (CITY)** | |
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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 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?**

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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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**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 | | |

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| --- | --- | --- |
|  |  |  |
| (Name, date, signature) |  | (Date, signature) |
| DIRECTOR/HEAD OF INSTITUTION OR FIRM |  | CANDIDATE |

#### 

This Registration Form must be returned through the appropriate Permanent Mission of the country to the CTBTO or its Ministry of Foreign Affairs **by latest 31 August 2025**,for a candidate to be considered for the programme.

Please send to:

*Capacity Building and Training Section, International Data Centre Division (IDC/CBT)*

*CTBTO Preparatory Commission*

*P.O. Box 1200, A-1400*

*Vienna, Austria*

*Tel: +43 1 26030 6484*

*Email:* [*training@ctbto.org*](mailto:training@ctbto.org)

However, pending its official transmission, the filled Registration Form should be sent directly to the above address **no later than 31 August 2025**, as an e-mail attachment or by post, in order not to delay the preparation by CTBTO for the participation of the candidate.

**Each participant is responsible for obtaining his/her own visa for Austria,**

**upon receipt of an official Acceptance Note Verbale from the Provisional Technical Secretariat.**