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**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)** |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |

**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?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 |

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

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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*

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.**