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| International Atomic Energy Agency |

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| **NOMINATION FOR MEETING/WORKSHOP and NATIONAL CONSULTANT** Note: This form is only to be used for Technical Cooperation Meetings/Workshops and National Consultant missions. | | | | | | | | | | |
| The Government (nominating authority) of | |  | | | | | | | | (country) |
| nominates the person indicated below for the following event (please specify **title, place, dates, project number):** | | | | | | | | | | |
| Female  Male | | | | | |  | | Date of birth: | | |
| Family name (**as in passport**): | | | | | |  | | Place of birth: | | |
|  | | | | | |  | | Nationality: | | |
| First name: | | | | | |  | | Passport No.: | | |
| **Complete mailing address (office):** | | | | | |  | | Date of issue: | | |
| Inst. Name: | | | | | |  | | Place of issue: | | |
|  | | | | | |  | | Valid until: | | |
| Street: | | | | | |  | | Telephone (office): | | |
| P.O. Box: | | | Post Code: | | | | | Telephone (home): | | |
| Town/City: | | | | | |  | | Fax: | | |
| Region/District: | | | | | |  | | e-mail: | | |
| Country: | | | | | |  | | WEB page: | | |
| **Airport/town nearest to residence:** | | | | | |  | | Emergency Phone: | | |
| **Main academic/technical qualification:** | | | | | | | | | | |
| **Language Ability** The nominating authority confirms that the nominee is proficient in the language in which the event is held. | | | | | | | | | yes | |
| **Current employment** | | | | |  | | | | | |
| Name and place of employer/organization: | | | | | | | | | | |
| Title of position: | | | |  | | | Type of work: | | | |
| **Description of work** (Past work done by the nominee which is relevant to the Meeting/Workshop/National Consultancy) | | | | | | | | | | |
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| **Health (mandatory for heath insurance purposes)** Is the nominee in general good health:  yes  no The nominee is only covered under the health insurance policy if he/she does not have a medical condition which excludes him/her from travelling and performing this assignment:        A medical certificate is required for any nominee over **60 years** of age, stating that he/she is in good health and able to undertake the mission | | | | | | | | | | |
| Is the nominee covered under a radiation surveillance programme?  yes  no | | | | | | | | | | |
| **Involvement in IAEA-supported activities**  (Please mark any previous activities) | | | | | | | | | | |
| Expert Mission  Training Course  Workshop/Meeting  Fellowship/Scientific Visit  Research Contract | | | | | | | | | | |
| **STATEMENT**  The nominating authority gives the following assurances:   1. All information supplied in this form is complete and correct; 2. It is noted that the sponsoring organization(s), host country(ies) and host institution(s) do not accept liability for the payment of any costs or compensation arising from damage to or loss of personal property, or from illness, injury, disability or death of the nominee while he/she is travelling to and from or attending the Meeting/Workshop/National Consultancy and it, the nominating authority, undertakes the responsibility for such coverage; 3. The position of the nominee will be retained for him/her and he/she will continue to receive during the Meeting/Workshop/National Consultancy a salary and related emoluments to enable him/her to meet his/her financial commitments in his/her home country;   P-2 TCPH M/W E/REV.4 (JUNE 05)   1. The selected nominee will conduct himself/herself in a manner compatible with his/her status as a participant in an IAEA event and will refrain from engaging in any political and commercial activities; 2. No facts are known to the nominating authority regarding the reliability and character of the nominee which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used; | | | | | | | | | | |
| Date |  | Name and title (printed) and signature of nominating authority official | | | | | | | | |