**ANNEX 2**

**Application to attend the**

**28th Advanced Course on Port Operations and Management,**

**Le Havre, France 08 September to 10 October 2014**

**Part I – Nomination** *(to be completed by a duly authorized officer of the nominating Government)*

|  |  |  |
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| The Government of |  | nominates: |
| Family name or Surname: |  |
| First Name(s): |  |
| Middle Name(s): |  |
| Maiden or other Name(s) (if any): |  |
| for a fellowship to study at the **28th Advanced Course on Port Operations and Management and** and certifies that: |
| (a) |  | the studies to be made under this fellowship are necessary for the advancement of the economic or social development or public administration of the country, and that in the case of a fellowship being granted, full use would be made of the fellow in the field covered by his/her fellowship; |
| (b) |  | all information supplied by the nominee is complete and correct; |
| (c) |  | the nominee has an adequate working knowledge, appropriately tested, of either English or French, in which languages this course will be presented; |
| (d) |  | the absence of the nominee during his/her studies abroad would not have any adverse effect on his/her status, seniority, salary, pension and similar rights. |
| On return from the fellowship it is proposed to employ the fellow as follows: |
| Title of post: |  |
| With the following duties and responsibilities: |  |
|  |
|  |
| I the undersigned, |  | hereby certify |
| that I am duly authorized by the said Government to make this nomination and state that:  |
| my title is: |  |  |
| and my office address is: |  |
| Signed and dated by me at:  |  | on |  |

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|  | *Signature of authorized official* |

**Part II - Candidate Information** *(to be completed by the candidate)*

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|  | ***Personal details*** |  |
| 1 | Family name or Surname: |  |
|  | First Name(s): |  |
|  | Middle Name(s): |  |
|  | Maiden or other Name(s) (if any): |  |

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| 2 | Place of birth: |  | Country of birth: |  |
|  | Date of birth: |  | Nationality: |  |
|  | Sex: | Male  | [ ]  | Female  | [ ]  | Marital status: | Single | [ ]  | Married | [ ]  | Divorced | [ ]  |
|  |  |  |  |  |  |  | Widow(er) | [ ]  | Separated | [ ]  |  |  |

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| 3 | Passport Number: |  | Country of issue: |  |
|  | Place issue: |  | Date of issue: |  | Date of expiry: |  |

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| 4 | Work address: |  | Work telephone: |  |
|  |  |  | Mobile telephone: |  |
|  |  |  | Work email: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | ***Emergency contact details*** |  |  |
| 5 | Name: |  | Work telephone: |  |
|  | Relationship: |  | Home telephone: |  |
|  | Address: |  | Mobile telephone: |  |
|  |  |  | Email: |  |
|  |  |  |  |  |

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|  | ***Language skills*** *(list your mother tongue first)* |  |
| 6 |  | Read | Write | Speak |
|  | Language | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | French | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | English | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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|  | ***Other port management courses attended in the last 3 years*** *(list most recent first)* |
| 7 | Year | Subject | Country | Duration |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | ***Secondary and tertiary education*** *(list most recent first)* |
| 8 | Name of Institution | Location | Years of Study | Subject(s) | Qualification(s) |
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| 9 | ***Employment*** *(for each post, please provide full details, including duties and responsibilities)* |
| **A** | **Current post:** | Job Title: |  |
|  | From: |  | To: |  | Government | [ ]  | Private | [ ]  | NGO | [ ]  |
|  | Name of Employer: |  |
|  | Employer Address: |  |
|  | Name of Supervisor: |  |
|  | Telephone: |  | Email: |  |
|  | Main duties and responsibilities: |
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| **B** | **Previous post:** | Job Title: |  |
|  | From: |  | To: |  | Government | [ ]  | Private | [ ]  | NGO | [ ]  |
|  | Name of Employer: |  |
|  | Employer Address: |  |
|  | Name of Supervisor: |  |
|  | Telephone: |  | Email: |  |
|  | Main duties and responsibilities: |
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| **C** | **Previous post:** | Job Title: |  |
|  | From: |  | To: |  | Government | [ ]  | Private | [ ]  | NGO | [ ]  |
|  | Name of Employer: |  |
|  | Employer Address: |  |
|  | Name of Supervisor: |  |
|  | Telephone: |  | Email: |  |
|  | Main duties and responsibilities: |
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| 10 | ***Expected Outcomes*** *(Please describe below how this course will help you in your work following your return home, and indicate the opportunities which you will have to transmit the knowledge gained to your colleagues)* |
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| 11 | ***Declaration and undertaking*** |
|  | I certify that the information I have provided in this application is true, complete and correct to the best of my knowledge. If selected as a fellow, I undertake to:  |
|  | * Conduct myself at all times in a manner compatible with my status as an international student at IPER;
 |
|  | * Spend full time during the period of the course in the study programme as directed by IPER;
 |
|  | * Refrain from engaging in political, commercial or any other activities other than those covered by my work programme;
 |
|  | * Submit reports in accordance with the arrangements made by, and as required by, IMO; and
 |
|  | * Return to my home country at the end of the course obligation.
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|  | Date: |  | Signature of Candidate: |  |

**Part III – Medical declaration** *(to be completed by the candidate and given to the Examining Physician(s))*

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|  | ***Personal details*** |  |
| 1 | Family name or Surname: |  |
|  | First Name(s): |  |
|  | Middle Name(s): |  |
|  | Maiden or other Name(s) (if any): |  |
|  | Place of birth: |  | Date of birth: |  |
|  | Resident address: |  |

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| 2 | ***Heath related information*** |
| M1 | Have you ever previously undergone a United Nations medical examination? Yes [ ]  No [ ]  |
|  | If so, please state when, where and why: |
|  | Date | Location | Reason |
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| M2 | Have you ever had or are you currently experiencing any of the following: |
|  | Check each item | Yes | No | Check each item | Yes | No |
|  | Any heart disease? | [ ]  | [ ]  | Frequent indigestion? | [ ]  | [ ]  |
|  | Severe pain or pressure in chest? | [ ]  | [ ]  | Depression, excessive worry or anxiety? | [ ]  | [ ]  |
|  | Persistent cough? | [ ]  | [ ]  | Fainting spells? | [ ]  | [ ]  |
|  | Tuberculosis? | [ ]  | [ ]  | Epilepsy or fits? | [ ]  | [ ]  |
|  | Diabetes? | [ ]  | [ ]  | Any nervous or mental disorders? | [ ]  | [ ]  |
|  | Backache? | [ ]  | [ ]  | Foot or leg conditions? | [ ]  | [ ]  |
|  | Hernia (rapture)? | [ ]  | [ ]  | Any skin disease? | [ ]  | [ ]  |
|  | High blood pressure | [ ]  | [ ]  | Malaria? | [ ]  | [ ]  |
|  | Any allergies? | [ ]  | [ ]  | Amoebic dysentery? | [ ]  | [ ]  |

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| M3 | Please give details of all serious illnesses, injuries or operations you have had: |
|  | Type of illness or operation | Period of disability |
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| M4 | Do you take any medication regularly? Yes [ ]  No [ ]  |
|  | If so, please give details:  |  |
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| M5 | Do you have any condition which may require further treatment during your course? Yes [ ]  No [ ]  |
|  | If so, please give details: |  |
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| M6 | My health and travel insurer is:  |  |
|  | and my insurance cover is valid until: |  |  |
| 10 | ***Declaration and undertaking*** |
|  | I certify that the above statements are true, complete and correct to the best of my knowledge and belief and I undertake to have medical and travel insurance cover for the country where I may be selected to study as well as the countries I may have to travel which will be valid until my return to my home country. |

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|  | Date: |  | Signature of Candidate: |  |

**Part IV – Medical examination** *(to be completed by the Examining Physician(s))*

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|  | ***Personal details*** |  |
| 1 | Family name or Surname: |  |
|  | First Name(s): |  |
|  | Middle Name(s): |  |
|  | Maiden or other Name(s) (if any): |  |
|  | Place of birth: |  |  | Date of birth: |  |  |
|  | Resident address: |  |

I confirm that I have checked the candidate's answers, in Part III of the Application and have the following comments: |
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| I have carried out the following examination, which I consider necessary, in view of the candidate's answers, in order to detect physical or mental disease which might be a danger either to himself/herself or to others during the period of the course: |
| Blood Pressure: |  | Pulse Rate: |  |
| Urine: Albumin: |  | Sugar: |  |
| Other (specify examination or tests and results): |  |
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| In my opinion, the candidate is fit [ ]  / not fit [ ]  for this course. |
| I declare that I am a registered, licensed or accredited Physician(s) in accordance with the local laws. |
|  | Examining Physician |  | Examining Physician |
| Date of examination: |  | Date of examination: |  |
| Name: |  | Name: |  |
| Practice address: |  | Practice address: |  |
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|  |  |  |  |
|  |  |  |  |
| Signature: |  | Signature: |  |
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