



IMO

FELLOWSHIP NOMINATION FORM

I. LETTER OF TRANSMISSION

INSTRUCTIONS

To be completed **in duplicate** by a senior official of the nominating Government, who will forward a copy of the certified nomination forms to IMO, London.

The Government of _____
nominates _____
for a fellowship to study _____
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 adequate knowledge, appropriately tested, of a language which can be used for working purposes in the proposed host country;
- (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 _____
Duties and responsibilities _____

Place and date: _____
Signature of responsible Government official

Name: _____

Official address: _____

Title: _____

II. OBSERVATIONS OF PROJECT MANAGER OR EXPERT

(Changes suggested by an expert in the study programme requested by the Government or its nominee have been discussed and accepted.)

Place and date: _____ Signature and title: _____

LE HAVRE COURSE (TCD)



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III. PERSONAL HISTORY AND PROPOSED STUDY PROGRAMME

Instructions

*Nomination forms are available in English, French and Spanish. They should be completed by the candidate in **typewritten form** in whichever of the above languages is most acceptable in the proposed country of study. **Two copies are required.** Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate study arrangements. If necessary, additional pages of the same size may be attached.*

1. Family name (surname) (underline name by which formally addressed)		First name			Other names					
2. Mailing address				3. Home address						
4. Telephone number Home: Work: Mobile:		5. Fax number			6. E-mail address					
7. City and country of birth		Date of birth		Age		Nationality		Marital status		
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Name and address of person to be notified in case of emergency								
10. Languages Mother tongue:		READ			WRITE			SPEAK		
		Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
11. Residence in foreign countries in relation to the candidate's professional or study interests										
Year:		Country:				Length of stay:				
12. Education (start with last attended institution and work backwards)										
Name of institution and place of study		Years of study: From - To			Major fields of study		Degrees			
13. List membership of professional societies and your activities in civil, public or international affairs.										
14. List any relevant publications you have written (do not attach)										

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15. Employment record:	It is important to give complete information. For each post you have occupied, give details of your duties and responsibilities.		
A. Present or most recent post:	Description of your work, including your personal responsibility		
Years of service: from to			
Title of your post:			
Type of organization:			
Name and address of employer:			
Name of supervisor:			
Telephone number: Fax number: E-mail address: Work: Mobile:			
B. Previous post:	Description of your work, including your personal responsibility		
Years of service: from to			
Title of your post:			
Type of organization:			
Name and address of employer:			
Name of supervisor:			
C. Previous post:	Description of your work, including your personal responsibility		
Years of service: from to			
Title of your post:			
Type of organization:			
Name and address of employer:			
Name of supervisor:			

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16. Proposed field of study:

Advanced Course on Port Operations and Management

(The information given should be precise; the study programme will be based on it)

17. Detailed description of subject matter to be studied

18. Description of the practical use you will make of this study on your return home in relation to the responsibilities you expect to assume, and the conditions existing in your country in the field of your interests.

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19. Length of time required for study: 5 weeks	
20. Proposed country of study: (You may list in order of preference other host countries should facilities not be available in the first). Le Havre, France	Organizations, firms, institutions, or projects at which study is preferred: IPER
21. Earliest date you could start if awarded a fellowship	
22. Is there any definite period you cannot be absent from your home country?	
23. Give details of any fellowships or scholarships previously held by you, which you now hold, or for which you are a candidate.	
I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If selected as a fellow, I undertake to: <ul style="list-style-type: none">(1) Conduct myself at all times in a manner compatible with my status as holder of an IMO/Government of France fellowship;(2) Spend full time during the period of the award in the study programme as directed by the agency in the country of study and by IMO/the Government of France;(3) Refrain from engaging in political, commercial, or any other activities other than those covered by my work programme;(4) Submit reports in accordance with the arrangements made by, and as required by, IMO/the Government of France;(5) Return to my home country at the end of the fellowship.	
Date: _____ Signature of candidate: _____	

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IV. RECOMMENDATIONS OF NATIONAL SELECTING AUTHORITY

Instructions

1. Comments on educational qualifications, experience in the subject to be studied, age, health and personality of the candidate:

2. Comments on the linguistic ability of the candidate:

3. Comments on proposed country of study, preferred institutions in that country and duration of fellowship:

4. Comments on use to which fellow's training will be put on his/her return home:

Name : _____

Address: _____

Signature and title of responsible official

Place: _____

Date: _____

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V. MEDICAL REPORT

INSTRUCTIONS: To be completed **in duplicate** by a registered medical practitioner after thorough clinical **and laboratory examination**. IMO and the Government of France reserve the right to require the candidate to undergo a further medical examination before he/she takes up his/her fellowship.

Date: _____

RE: _____ Date of Birth: _____
Last Name of Candidate First

Address: _____

(To be filled in by Candidate)

1. Have you ever undergone any United Nations medical examination previously? _____

(If so, please state when and where: _____)

2. Have you ever had or have you now:

(Check each item)	YES	NO	(Check each item)	YES	NO
Any heart disease?			Frequent indigestion?		
Severe pain or pressure in chest? ...			Depression or 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?		

3. Please give details of all serious illnesses, injuries or operations

(Type of illness or operation)	(Period of disability)

4. Do you take any medications regularly? _____ If so, what? _____

5. Do you have any condition or defect which may require further treatment during your fellowship? _____

*I certify that the above statements are true,
complete and correct to the best of my knowledge
and belief.*

(Signature of Candidate)

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(This part to be filled in by Examining Physician)

I have checked the candidate's answers and I have the following comments to make:

I have made 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 fellowship:

Blood Pressure: _____ Pulse Rate: _____

Urine: Albumin: _____ Sugar: _____

(Usually, for a Fellowship Candidate, it is only necessary for the Examining Physician to make a brief physical examination)

In my opinion, the candidate is fit for this fellowship.
is not

(Signature of Examining Physician)

Address: _____

Date: _____