Nomination Form Appendix 1

Secondment of short-term international staffs from NTWCs of WG-SCS Member States to the SCSTAC

*NOMINATION FORM*

To be completed and signed by the Tsunami National Contacts (TNC) or Tsunami Warning Focal Points (TWFP)

This is to certify that (*name of organisation*)

nominates (*name of candidate*)

as an applicant for the ***Secondment of short-term international staff from NTWCs of WG-SCS Member States to the SCSTAC*** from 18 September to 17 November 2023(*subject to final confirmation*)

and that:

* all information supplied in the attached form is complete and correct;
* the nominee has adequate English skills, appropriately tested;
* the absence of the nominee from his/her workplace while the secondment in SCSTAC would not have any adverse effect on his/her status, seniority, salary, pension or similar rights; and,
* if selected, the nominee would share the experience, knowledge and skills gained from the secondment by working in SCSTAC through holding at least one seminar or workshop upon returning home.

|  |  |  |
| --- | --- | --- |
| **Nominator: name** | **Nominator: position** | **Nominator: e-mail** |
|  |  |  |
| **Name and address of organisation** | | |
|  | | |
| **Signature of nominator** | | **Official seal (where appliable)** |
|  | |  |
| **Date** | |
|  | |

Application Form Appendix 2

**Please type or write in English**

**Please return by 14 July 2023 to**

**E-MAIL:** [b.aliaga@unesco.org](mailto:b.aliaga@unesco.org)

[dakui.nmefc@gmail.com](mailto:dakui.nmefc@gmail.com)**,** [xuzg@nmefc.cn](mailto:xuzg@nmefc.cn)

1. ***PERSONAL INFORMATION***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title**  *(Mr/Ms/Dr/Other)* | **First / Given name(s)** | | | **Family name/ Surname** | |
|  |  | | |  | |
| **Sex** *(Male/Female)* | **Date of birth** *(day/month/year)* | | | **Nationality** | |
|  |  | | |  | |
| **Name of orgnization** | | | | | |
|  | | | | | |
| **Work postal address** | | | | | |
|  | | | | | |
| **Position** | | | | | |
|  | | | | | |
| **Work telephone** *(including country code)* | | | **Work fax number** *(including country code)* | | |
|  | | |  | | |
| **E-mail address(es)** | | | | | |
|  | | | | | |
| **Home postal address** | | | | | |
|  | | | | | |
| **Home telephone** *(including country code)* | | | **Mobile/cell** *(including country code)* | | |
|  | | |  | | |
| **Passport number** | | | **Country of issue** | | |
|  | | |  | | |
| **Date of issue** | | | **Expiry date** | | |
|  | | |  | | |
| **Name of embassy where to apply entry visa** | | | **Name of nearest international airport** | | |
|  | | |  | | |
| **Do you have an additional passport? If yes, please state the country of issue.** | | | | | |
|  | | | | | |
| **Emergency contact: name** | | **Emergency contact: telephone** | | | **Emergency contact: e-mail** |
|  | |  | | |  |

1. ***EDUCATIONAL BACKGROUND***

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **School** | **From – To** | **Qualification and field of study**  *(e.g. B.Sc. in Seismology)* |
| **College** |  |  |  |
| **Master** |  |  |  |
| **Doctoral** |  |  |  |
| **Post doctoral** |  |  |  |

1. ***LANGUAGE SKILLS***

|  |  |  |  |
| --- | --- | --- | --- |
| **First language** *(specify)* |  | | |
| **English proficiency**  *indicate Excellent/Good/Basic* | **Reading** | **Writing** | **Speaking** |
|  |  |  |
| **If you have ever taken a TOEFL/IELTS/ MELAB test, state:** | **Test name** | **Test date** | **Score** |
|  |  |  |
| **Describe your practical experience of spoken English**  *(e.g. speak English occasionally, use English regularly at work, attended English-language university)* | | | |
|  | | | |
| **Indicate your level of proficiency in any other languages** | | | |
|  | | | |
| ***TELEPHONE INTERVIEWS MAY BE HELD TO ASSESS ENGLISH PROFICIENCY*** | | | |

1. ***EMPLOYMENT HISTORY***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CURRENT OR MOST RECENT POSITION** | | | | | |
| **From – To** | **Job title** | | **Name and address of organisation** | | |
|  |  | |  | | |
| **Description of duties** | | | | | |
|  | | | | | |
| **Supervisor’s name** | | | | | **Supervisor’s e-mail** |
|  | | | | |  |
| **If selected, will you be returning to this position after the secondment?** *If no, please clarify.* | | | | | |
|  | | | | | |
| **PREVIOUS POSITION** | | | | | |
| **From – To** | | **Job title** | | **Name and address of organisation** | |
|  | |  | |  | |
| **Brief summary of duties** | | | | | |
|  | | | | | |
| **Supervisor’s name and e-mail** | | | | | |
|  | | | | | |
| **PRIOR POSITION** *(if applicable)* | | | | | |
| **From – To** | | **Job title** | | **Name and address of organisation** | |
|  | |  | |  | |
| **Brief summary of duties** | | | | | |
|  | | | | | |
| **Supervisor’s name and e-mail** | | | | | |
|  | | | | | |

1. ***WHY ARE YOU INTERESTED IN THIS SECONDMENT BY WORKING IN SCSTAC, AND***

***WHAT PRACTICAL USE WOULD YOU MAKE OF IT?***

|  |
| --- |
|  |

1. ***IF SELECTED, YOU WOULD BE REQUIRED TO SHARE YOUR EXPERIENCE, KNOWLEDGE***

***AND SKILLS ON YOUR RETURN HOME. PLEASE PROVIDE SPECIFIC DETAILS OF WHO WOULD BENEFIT AND HOW.***

|  |
| --- |
|  |

1. ***DECLARATION***

|  |  |
| --- | --- |
| **I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS,**  **TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.** | |
| **Signature of applicant** | **Date** |
|  |  |

Medical Form Appendix 3

**MEDICAL REPORT**

**Instructions**

To be completed by a registered medical practitioner after thorough clinical and/or laboratory examination, and counter-signed by the candidate. The SCSTAC reserves the right to require the candidate to undergo a further medical examination before his/her secondment.

|  |  |  |
| --- | --- | --- |
| **Name of candidate** | **Sex** *(M/F)* | **Date of birth** *(day, month, year)* |
|  |  |  |
| **Is the person examined currently in good health and enjoying full working capacity?** | | |
|  | | |
| **Is he/she physically and mentally able to work in SCSTAC in Beijing, China for two months?** | | |
|  | | |
| **Does he/she have any diseases (e.g. trachoma, TB, malaria, AIDS) which could present risks for the candidate or his/her contacts during the secondment? If so, please provide details.** | | |
|  | | |
| **Does he/she have any allergies or conditions (including but *not* limited to pregnancy) which might require treatment during the secondment? If so, please provide details.** | | |
|  | | |
| **Name and address of examining physician** | | |
|  | | |
| **Signature of examining physician** | | **Date** |
|  | |  |
| **Declaration:**  I guarantee to notify SCSTAC in writing of any changes in my medical condition prior to arriving in Beijing, & I **accept full financial responsibility for any expenses not covered** by my health insurance bought in homecountry. | | |
| **Signature of candidate** | | **Date** |
|  | |  |

**\* Please also submit separately your Curriculum Vitae (CV).**