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

dakui.nmefc@gmail.com**,** 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).**