

NOMINATION FORM FOR MEETING/WORKSHOP Note: This form is to be used only for meetings and workshops organized under the technical cooperation programme. The Government (nominating authority) of (country) nominates the person indicated below for the following event (please specify title, place, dates, project number):	
Family name (as in passport):	Place of birth:
	Nationality:
First name:	Passport No.:
Complete mailing address (office):	Date of issue:
Institute name:	Place of issue:
	Valid until:
Street:	Telephone (office):
PO Box: Postcode:	
Town/City:	Telephone (home): Fax:
	Email:
Region/District:	
Country:	Web page:
Airport/city/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 to be 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 event)	
Health (mandatory for health insurance purposes) Is the nominee in general good health: Yes No	
The nominee is only covered under the Cigna Group Medical Insurance Policy if he/she does not have a medical condition which excludes him/her from travelling and attending this event: A medical certificate is required for any nominee over 65 years of age, stating that he/she is in good health and fit for travel.	
Is the nominee covered by a radiation surveillance programme?	
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: a) All information supplied in this form is complete and correct; b) It is noted that the sponsoring organization(s), host country(ies) and host institut costs or compensation arising from damage to or loss of personal property, or frow while he/she is travelling to and from or attending the event and it, the nominat coverage; c) The position of the nominee will be retained for him/her and he/she will contine emoluments to enable him/her to meet his/her financial commitments in his/her he d) The selected nominee will conduct himself/herself in a manner compatible with will refrain from engaging in any political and commercial activities; e) No facts are known to the nominating authority regarding the reliability and chalm/her access to nuclear installations or institutions where ionizing radiation is under the continuous content of the selected number of the	om illness, injury, disability or death of the nominee ing authority, undertakes the responsibility for such nue receiving during the event a salary and related ome country; his/her status as a participant in an IAEA event and aracter of the nominee which would obstruct giving ised.
Date Name and title (printed) a	and signature of nominating authority official