

## NOMINATION FOR TC FELLOWSHIP / SCIENTIFIC VISIT

**The Government (nominating authority) of**  
 nominates the person indicated below for a  fellowship  
 scientific visit  
 under TC project  
 Field of Activity:

### 1. PERSONAL INFORMATION

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Nationality:	PHOTOGRAPH
Family name (as in passport):		2nd nationality (if any):	
Middle name (if any, as in passport):		Passport No.:	
First/given name (as in passport):		Date of issue: YYYY-MM-DD	
Date of birth: YYYY-MM-DD		Place of issue:	
Place of birth:		Valid until: YYYY-MM-DD	
Mother's name:		Father's name:	

### 2. CONTACT DETAILS

Institute name:
Institute address:
PO Box:
Zip Code:
Town/City:
State:
Country:
Telephones (including country/city codes):
Office:
Home:
Cellular:
Work email:
Private email:
Web:
<b>Airport/town nearest to residence:</b>

### 3. LANGUAGE SKILLS

Mother tongue:				Description:	
Language	Speak	Read	Write	FLUENT (F)	Speak, read and write nearly as well as mother tongue
				WORKING KNOWLEDGE (W)	Engage freely in discussions, read and write more complex material
				LIMITED (L)	Limited conversation, reading of newspapers, routine correspondence

### 4. EDUCATION

Start date: YYYY-MM	Institution:	
(Anticipated) Graduation date: YYYY-MM	Institution city:	Institution country:

Education level (achieved):	Main course of study:	
	Specialization:	
Start date: YYYY-MM	Institution:	
(Anticipated) Graduation date: YYYY-MM	Institution city:	Institution country:
Education level (achieved):	Main course of study:	
	Specialization:	
Start date: YYYY-MM	Institution:	
(Anticipated) Graduation date: YYYY-MM	Institution city:	Institution country:
Education level (achieved):	Main course of study:	
	Specialization:	
<b>5. WORK EXPERIENCE</b>		
Current job: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:	Type of business:	
Job function:	Exact title of post:	
Start date - End date: YYYY-MM - YYYY-MM	Work location (city/country):	
Current job: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:	Type of business:	
Job function:	Exact title of post:	
Start date - End date: YYYY-MM - YYYY-MM	Work location (city/country):	
Current job: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:	Type of business:	
Job function:	Exact title of post:	
Start date - End date: YYYY-MM - YYYY-MM	Work location (city/country):	
<b>6. HEALTH AND RADIATION</b>		
I declare that I am in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from home. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have a physical disability or medical condition which might limit your ability to perform your assignment, please indicate the limitations below:		
<p>A certificate of good health signed by a registered medical practitioner dated not more than three months prior to the event must be submitted for:</p> <ul style="list-style-type: none"> <li>• events with a duration exceeding one month;</li> <li>• all candidates over the age of 65 regardless of the event duration.</li> </ul>		
Are you covered under a radiation surveillance programme in your country?		
<input type="checkbox"/> Yes Please provide the dose records for the past five years.	<input type="checkbox"/> No Please provide: <ul style="list-style-type: none"> <li>• A medical certificate or personal declaration of health fitness to work with ionizing radiation;</li> <li>• Information on your training in radiological protection;</li> <li>• The dose records of the past five years (if available).</li> </ul>	

Radiation Surveillance Remarks:

### **7. DESCRIPTION OF WORK**

Describe in detail (around 200 words) the work you have been doing during the past three years:  
(Please attach a list of any material you may have published)

### **8. PREVIOUS PARTICIPATION IN IAEA ACTIVITIES**

Have you been or will you be involved in any IAEA activity?  Yes  No

If yes, please list each activity below:

### **9. OBJECTIVES TO BE ACHIEVED BY THE PROPOSED TRAINING**

a) Outline in at least 200 words the detailed programme of training you require:

b) Outline in at least 200 words the roles foreseen by the supervisor or project counterpart upon the applicant's return, and how the training will be of value to meeting the needs of the project objectives:

c) If you are **applying for a fellowship**, also outline in at least 200 words the detailed programme of work you expect to carry out during the next 12 months at your home institute before starting the training you requested:

#### **10. HOST COUNTRY/COUNTRIES**

a) Indicate the countries where you would like to be trained.  
[The IAEA reserves the right to select the appropriate country of training.]

b) If you are acquainted with the proposed host country/countries, list the institution where you desire training to be arranged. If known, indicate also the names of the individual(s) under whose direction you would like to work:

c) Indicate how much time you could devote to the training, and the period when you would be available to undertake the training (please keep in mind it may take several months from submission of application to finalizing arrangements). Indicate any period when you would not be available.

**I hereby certify that the statements made by me in this application are true and complete.  
If selected for a fellowship/scientific visit, I undertake to:**

- Conduct myself at all times in a manner compatible with my status as a recipient of an IAEA training award;
- Spend the full time during the period of the award in the training programme as directed by the supervising agency in the country of study and by the IAEA;
- Refrain from engaging in political and commercial activities;
- Submit reports in accordance with the requirements of the IAEA;
- Return to my home country at the end of the fellowship/scientific visit and work in my country for a period of at least two years in the field of peaceful uses of atomic energy;
- Accept no remuneration other than the fellowship/scientific visit stipend and the salary which is paid to me by my own Government or institution nor render any services against payment or other form of remuneration;
- Inform the IAEA whenever there are changes in my status or availability that will affect the terms of my IAEA training award.

Supervisor's approval for fellowship/scientific visit application obtained  Yes  No

SIGNATURE OF APPLICANT	NAME	DATE (YYYY-MM-DD)
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**11. STATEMENT BY THE GOVERNMENT OFFICIAL RESPONSIBLE FOR ATOMIC ENERGY MATTERS IN THE COUNTRY** (to be completed only in the case of a fellowship application)

a) What are the objectives of this proposed fellowship from the Government's point of view?

b) Explain how the applicant's training programme will achieve the above objectives.

c) Explain clearly and fully how the experience gained by the applicant on his/her fellowship will be utilized on his/her return home to further the peaceful uses of atomic energy in the country, either with the organization responsible for atomic energy matters or with another national or private-sector institution.

## 12. COUNTRY APPROVAL

Our Government is cognizant of the principles and rules pertaining to IAEA-supported training awards and nominates this applicant for a fellowship/scientific visit and, noting the responses given by the applicant, certifies that:

- All information supplied by the applicant is complete and correct, and the applicant is proficient in the training language;
- After completion of the training period, the applicant will be offered a suitable position in order to permit him/her to work in his/her country for a period of at least two years in the field of peaceful uses of atomic energy;
- In case the applicant is already employed, his/her salary will continue to be paid throughout the period of the award;
- The applicant will be paid all expenses relating to his/her passport, visa, medical examination and other incidental expenses;
- All medical costs not covered by insurance which are incurred during the fellowship/scientific visit due to illness or injury will be met by the Government;
- No facts are known to the Government regarding the reliability and character of the applicant which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used.

SIGNATURE OF COUNTERPART	NAME	DATE (YYYY-MM-DD)
SIGNATURE OF NLO	NAME	DATE (YYYY-MM-DD)

**Important: Please attach a copy of your passport (or other ID if no passport exists)!**