**NGAP Partnership Form**

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| Organization: |  | |
| NGAP Accountable Manager/Point of Contact | Name: | |
| Title: | |
| Contact Information (email, telephone, fax, etc.) | |
| Best Practices | Is your Organization involved in any of the following activities; and if so, could you please share your best practices?   * Promotion of NGAP in primary, secondary and/or tertiary education institutions * Promotion of NGAP in partnership with other Stakeholders * Collection of NGAP relevant data   For each best practices, please provide a link to the appropriate website.  Do you authorize ICAO to include these links on its website?   * Yes   Do you authorize ICAO to include your organization’s logo on the NGAP website?   * Yes | |
| Resources | Is your organization willing to provide resources to ICAO to support the NGAP initiatives?   * Human Resources * Financial Resources * Data | |
| NGAP Issues  (Optional) | Will your Organization/State experience a shortage of aviation professionals in the following domains: | |
| * Pilots | * Yes * No * Don’t know |
| * Controllers | * Yes * No * Don’t know |
| * Maintenance Personnel | * Yes * No * Don’t know |
| * Airport Personnel | * Yes * No * Don’t know |
| * Cabin Crew | * Yes * No * Don’t know |
| * Inspectors | * Yes * No * Don’t know |
| Signature and title of Manager Responsible for NGAP issues |  | |