

International Civil Aviation Organization Organisation de l'aviation civile internationale

Organizacion de Aviación Civil Internacional Международная организация гражданской авиации

منظمة الطيران المدنى الدولي

国际民用航空组织

File Ref.: AS 10 – 19/277 16 September 2019

Subject: Aviation Security Risk Management Workshop

(Cairo, Egypt, 15 – 18 December 2019)

Action required: Reply not later than 15 November 2019

Sir / Madam,

I have the honour to inform you that in accordance with ICAO's objective to support Member States in meeting their obligations for civil aviation security under the Chicago Convention, and to promote the strengthening of aviation security worldwide, ICAO's Risk Management Workshop is being offered at the ICAO MID Regional Office Cairo, Egypt from 15 to 18 December 2019.

This four day interactive Workshop designed for aviation security management personnel, which will be delivered in **English**, focuses on risk management as it applies to protecting civil aviation against acts of unlawful interference. The Workshop will provide participants with the opportunity to assess risk through the identification and evaluation of threats, consequences and vulnerabilities. This Workshop will expose participants to guidance material incorporated in the ICAO Global Risk Context Statement and provide the skills necessary to apply risk management methodology when determining the appropriate level of security measures to be implemented. Enhancing risk awareness and response is a priority area within the ICAO Global Aviation Security Plan (GASeP), and delivering the Risk Management Workshop is a key to its successful implementation.

Nominees should be directly involved in the assessment or management of threats, vulnerabilities and/or risk on behalf of their State, to include but not limited to the appropriate authority for aviation security, National Police, Intelligence Services, or airports, airlines and other aviation security stakeholders.

Airfare, hotel and miscellaneous expenses are the responsibility of the participant's State Administration. Participants are required to have their own medical insurance to cover costs, should any arise, as ICAO does not reimburse participants for such expenses.

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You are invited to nominate suitable candidates to attend this Workshop using the enclosed nomination form (one per nominee). All nomination forms **must** be completed in full and authorized by the appropriate authority through official means. The closing date for nominations to reach this Office is **15 November 2019** in order to enable sufficient time for processing and for selected participants to make travel arrangements, to include visa applications, as necessary. Late nominations, while strongly discouraged, may be considered on a case-by-case basis.

Selections will be made based on qualifications and experience. The nominations from each State will be considered on a space-available basis. For this reason, it is important for the States to indicate the priority order of selection for each of their nominations and that all nominations are received on or by the deadline. Should a State wish to withdraw a nominee from a Workshop after selection, ICAO MID Office must be notified within a reasonable time-frame.

Candidates will be notified by ICAO of their status once selections have been made. Please note that participants who present themselves at the Workshop without having been properly nominated and accepted will not be admitted.

Administrative arrangements for the workshop and other useful information for participants, including the MID Office Bulletin and Hotel List are available on the ICAO MID Office website at: (https://www.icao.int/MID/Pages/MID-Office-Bulletin.aspx).

Accept, Sir/Madam, the assurances of my highest consideration.



for/ Mohamed Khalifa Rahma Middle East Regional Director

Enclosure:

Nomination form



International Civil Aviation OrganizationNomination Form

Training activity title: Training Activity Location:	Dates:							
		PART 1	(PLEAS	E PRINT)				
Nominee's Name:	(Surname)	urname)		(First name)		Middle name)	M F	
Mailing address:								
Phone # with country code: E-mail address:								
Fax # with country code								
Aviation background (check co	rrect one):							
CAA (State or Regulatory)		Airport		Airline		Ground services		
Catering company		Cargo		Mail		Aviation Securit	y consultant	
Law enforcement or security be	ackground (c		ct one):	Other:				
AVSEC Background:								
No. of years operational experien	ice:							
Duties:								
Current Job Title: Supervisor's name and email add						No. o	f Years:	
Brief description of daily duties a		ilities:						
No. of staff supervised as part of	vour duties:							

2. AVSEC training courses completed : (local, regional or inte	ernational) Year					
Nominee's staten	ment					
I (name)	undertake to:					
 conduct myself at all times in a professional manner in keeping with my status as a participant in this training activity; refrain from engaging in political, commercial or other activity detrimental to the host country or ICAO; and participate fully in the training activity, including group discussions, exercises and homework assignments 						
I hereby acknowledge that: 1. I am capable of writing and speaking in the language in which the training activity will be conducted; and 2. all information I have provided is true and correct.						
Nominee's Signature:	Date:					
PART 2 (PLEASE PRINT)						
Sponsoring Organization:	nominates:					
	to attend the above mentioned ICAO					
(Surname) (First name) (Mid	dle name)					
sponsored training activity and in doing so, certifies that:						
 all information provided in this application is verifiable upon request; it will be responsible for costs associated with transport to and from the training activity, lodging, any meals not provided by the Aviation Security Training Centre (ASTC), and other incidental costs; the nominee is medically fit and in possession of medical insurance coverage for any sickness or medical emergency that may arise during the above training activity; the nominee meets any prerequisite for this training activity and/or is part of the "target" population sought by ICAO, as outlined in the invitation letter; the nominee is currently, or will be within the next 90 days, assigned to a position that reflects the objectives of the training activity; and the nominee will arrive for the beginning of the training activity and will be available for the entire event. 						
(Signature of authorizing authority)	(Printed name of authorizing authority)					

(Date)

(Title of authorizing authority)