

ATTACHMENT D



INTERNATIONAL CIVIL AVIATION ORGANIZATION TECHNICAL COOPERATION BUREAU

GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

PART I – NOMINATION BY GOVERNMENT

Please note the following:

Paragraph 1 should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

Paragraph 2 should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

Paragraph 4. The objectives of the Fellowship should be stated concisely and accurately.

PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

Please see reverse side for additional information

ATTACHMENT D

PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).



NOTE: Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

The Government of _____ hereby:

- (Please identify main Field of Training in accordance with the Aviation Training Directory of ICAO, Section I – List of Training Courses)

- (List in chronological sequence the various stages of training or study envisaged and identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. If space is insufficient, please attach additional sheet using the same format.)

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	
Total duration					

NOTE: The final fellowship study programme will be prepared by ICAO in consultation with the host countries and/or institutions, as the case may be. It may differ in detail, particularly regarding the duration of training and choice of host countries, from that requested. However, the objectives of the requested training programme will be respected by ICAO whenever possible.

*Delete that which is not applicable.

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FELLOWSHIP NOMINATION FORM

PART I – cont'd

3. Requests that this fellowship be financed under the following technical co-operation programme:
(Check as appropriate and insert project number)

- | | | | |
|--------------------------|---------------------------------|--------------------|-----------------|
| <input type="checkbox"/> | UNDP Country Programme | Project No.: _____ | Post No.: _____ |
| <input type="checkbox"/> | UNDP Regional Programme | Project No.: _____ | |
| <input type="checkbox"/> | UNDP Interregional Programme | Project No.: _____ | |
| <input type="checkbox"/> | Trust Funds agreement with ICAO | Project No.: _____ | |

4. Declares that the objectives of this fellowship are:

5. With respect to the nominees's transportation to and from host country(ies), agrees that:

- ☐ Will assume costs
☐ Will not assume costs

6. Certifies that:

- a) The nominee is obligated to return to his/her country, on completion of the fellowship programme for duty assignment in civil aviation for a minimum period of ____ years.
- b) The absence of the candidate by the granting of the fellowship will not adversely affect the rank, rights, salary or seniority corresponding to his job.
- c) All sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

Signature of Civil Aviation Authority

Date: _____

Name: _____
(type or print)

Title: _____

AFFIX OFFICIAL SEAL OR STAMP

OBSERVATIONS BY ICAO PROJECT MANAGER / MISSION CHIEF

I certify that all sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.

Date: _____

Signature

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PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:		
4. Private address (for mailing purposes): <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Telephone E-mail </div>				
5. Name and address of person to be notified in case of emergency (other than the government authorities): <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Telephone E-mail </div>				
6. Language ability: a) Mother tongue b) Language/s used in Primary and Secondary school c) Other language/s of which nominee has a working knowledge d) Language/s to be used in proposed fellowship programme 				
7. School education record:				
Name, Town, Country of School/s	Period	Grade completed and certificate acquired		
	from to			
8. College/university education record:				
(If you have graduated with a diploma or degree indicate under “subject/s studied” only the major subject/s studies. Otherwise indicate all the subjects studied)				
Name of college/university	Subject/s studied	Period		
		from to		
		Degree /Diploma acquired		
9. Technical and/or specialized training record:				
(Proceed as with paragraph 8. Please list and specify all previous training received through ICAO fellowships for further education)				
Name and place of Training Institute	Subject/s studied	Period	Duration (weeks)	Diploma/Certificate acquired
		from to		

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PART II – cont'd

10. Employment record:
(Indicate last five years and/or two positions)

Employer (name of firm/organization)	Position last held	Period		Duties and responsibilities
		from	to	

11. Nominee's statement:

- i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- ii) Should I be awarded this fellowship I hereby undertake to:
 - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
 - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
 - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
 - d) Submit reports, as required by ICAO and comply with all ICAO instructions; and
 - e) Return to my country, on termination of my fellowship programme, and to apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: _____

Nominee's Signature

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PART III – LANGUAGE TEST

Note: This test is only required if the language to be used during the proposed fellowship programme is different from the mother tongue of the nominee or from the language used in the Primary and Secondary schools where he/she acquired his/her basic education (see PART II – Item 6). The test should be conducted by a school of language or university unless otherwise designated by ICAO to meet the requirements of the host country. The office of the UNDP Resident Representative or ICAO Technical Cooperation Mission should be consulted in this regard.

Name of institution conducting the examination: _____

Nominee's name: Mr./Mrs./Ms.*: _____

Language for which test was set: _____

RESULTS

(Check as appropriate)

1. Understanding:

- a) Understands without difficulty when addressed at normal speed. ☐
- b) Understands nearly everything at normal speed although occasional repetition may be necessary. ☐
- c) Understands almost everything if addressed slowly and carefully. ☐
- d) Requires frequent repetition and/or translation of words and phrases. ☐
- e) Does not understand even the simplest conversation. ☐

2. Speaking:

- a) Speaks fluently, accurately and is easily intelligible. ☐
- b) Occasionally makes errors which do not, however, obscure meaning. ☐
- c) Makes frequent errors which occasionally obscure meaning. ☐
- d) Speaks with so much difficulty that comprehension is difficult. ☐
- e) Errors in speech so severe as to make comprehension virtually impossible. ☐

3. Reading:

- a) Reads fluently with full comprehension. ☐
- b) Reads slowly but understands almost everything he/she reads. ☐
- c) Reads with difficulty; often consults the dictionary. ☐
- d) Cannot understand what he/she reads. ☐

4. Writing:

- a) Writes with ease and accuracy. ☐
- b) Writes with few mistakes; can be understood. ☐
- c) Writes with difficulty and makes frequent mistakes. ☐
- d) Cannot write. ☐

CONCLUDING REMARKS

Would this person be able to follow a technical course in this language?

☐ Yes

☐ No

Date: _____

Signature of examiner

Name: _____
(type or print)

AFFIX OFFICIAL SEAL OR STAMP

*Delete that which is not applicable

Photograph or Nominee

(to be affixed
before examination)**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM****PART IV - A – MEDICAL REPORT**

Notes:

1. Flight Crew Members and Air Traffic Controllers who are to undergo training for the purpose of obtaining a license in accordance with ICAO Annex 1 shall use the form in Part IV-B.
2. Every nominee must undergo a complete medical examination conducted by a registered medical practitioner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. _____ having completed the medical examination of nominee Mr./Mrs./Ms.* _____ whose photograph appears above, certifies the following:

(Check as appropriate)

The Nominee:

1. Is physically able to travel abroad? _____
2. Is mentally and physically able to carry out intensive studies? _____
3. Is free from infectious diseases? _____
4. Has good hearing? _____
5. Has good eyesight? _____
6. Is free from diseases that require treatment, or periodic medical examination during the proposed duration of the fellowship programme? _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Additional comments by Medical Practitioner:

Date: _____

Signature of Medical PractitionerAFFIX OFFICIAL SEAL OR STAMP
(to be affixed across photograph also)

*Delete that which is not applicable

PART IV - B – MEDICAL REPORT FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1. THIS PAGE TO BE COMPLETED BY NOMINEE					
Place and date of examination					
Full name			Nationality		Sex M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth			Marital status		
Initial <input type="checkbox"/>		PP <input type="checkbox"/>		Other:	
Type of license to be trained for: ATCO <input type="checkbox"/>		CP <input type="checkbox"/>			
Have you previously been examined for flight crew or air traffic control duties?			Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when and where? Were you declared: Fit <input type="checkbox"/> Unfit <input type="checkbox"/>
Has a “medical waiver” ever been issued to you?			Yes <input type="checkbox"/>		No <input type="checkbox"/>
Flight time: Total		Last six months:			
Type of aircraft presently flown		Jet <input type="checkbox"/>		Prop <input type="checkbox"/> Helicopter <input type="checkbox"/>	
Have you had any aviation accidents?			Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, elaborate under Remarks
MEDICAL HISTORY Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)					
		Yes	No		
Frequent or severe headaches				Nervous trouble of any kind	
Dizziness or fainting spells				Any drug or narcotic habit	
Unconsciousness for any reason				Excessive drinking habit	
Eye trouble except glasses				Attempted suicide	
Hay fever				Motion sickness requiring drugs	
Asthma				Rejection for life insurance	
Heart trouble				Admission to hospital in the last two years	
High or low blood pressure				Record of traffic convictions	
Stomach trouble				Record of other convictions	
Kidney stone or blood in urine				Gynecological / Obstetrical conditions	
Sugar or albumin in urine				Other illnesses	
Epilepsy or fits				Are you in good physical and mental health as far as you know and believe?	
Is there any family history of:		Diabetes <input type="checkbox"/>		Cardiovascular disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/> ?	
REMARKS					
NOMINEE’S DECLARATION: I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge.					
Signature of Nominee: _____			Date: _____		

ATTACHMENT D

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PART IV - B - cont'd

(Every nominee must undergo a complete medical examination, conducted by a designated medical examiner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested. THIS PAGE TO BE COMPLETED BY MEDICAL EXAMINER.)

Height	Weight	Build - Slender <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Obese <input type="checkbox"/>
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	Normal	Abnormal		Normal	Abnormal
Head, face, neck and scalp			Vascular system		
Nose			Abdomen and viscera (including hernia)		
Sinuses			Anus and rectum (hemorrhoids, fistula, prostate)		
Mouth and throat			Endocrine system		
Ears, general (int. & ext. canals)			G-U system		
Drums (perforation)			Upper and lower extremities (strength, range of motion)		
Eyes, general			Spine, other musculoskeletal		
Ophthalmoscopic			Identifying body marks, scars, tattoos		
Pupils (equality and reaction)			Skin and lymphatics		
Ocular mobility (associated parallel movement, nystagmus)			Neurologic (tendon reflexes, equilibrium, sense, co-ordination, etc.)		
Lungs and chest (including breasts)			Psychiatric (specify any personality deviation)		
Heart (thrust, size, rhythm, sounds)			General systemic		

Blood pressure	Systolic	} sitting			Distant vision:	
	Diastolic					
	Systolic	} recumbent				Right eye: 20/ Corrected to 20/
	Diastolic					Left eye: 20/ Corrected to 20/
Pulse: sitting					Both eyes: 20/ Corrected to 20/	
					Near vision N Chart value:	
					Intermediate vision N Chart value:	

Hearing cv vv ft ft	Audiometry 500 1000 2000 3000 dB loss	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Normal	Abnormal
Right ear					
Left ear					

LABORATORY EXAMINATIONS					
Urinalysis	Sugar	Albumin	Blood analysis:	Hb	
Microscopic:			Sedimentation rate		
ECG	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Chest X-ray	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Summary (Abnormal findings, remarks and recommendations)

Nominee is/is not* medically fit for flight crew/air traffic control* duties

MEDICAL EXAMINER'S DECLARATION

I hereby certify that I personally examined the applicant named on this medical examination report, and that this report with any attachment embodies my findings completely and correctly.

Date and place of examination	Aviation medical examiner's signature
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NOTE: The above test has been conducted in accordance with the provisions detailed in Chapter VI of ICAO Annex 1 – *Personnel Licensing*.

*Delete that which is not applicable