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| NOTE: | This form should be completed and signed by all parties concerned and forwarded to the appropriate ICAO office under cover of an official Government request at least three months prior to the starting date of the proposed training programme. |
| PART I – NOMINATION BY GOVERNMENTThe Government of Enter name of Government hereby:1. Nominates: Enter full name as it appears on nominee’s passport for an ICAO fellowship in the field of Enter field (please identify main Field of Training in accordance with the ICAO Course Numbers).
2. Requests the following programme of training under this fellowship:

(List in chronological sequence the various stages of training or study envisaged and, if necessary, identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. |
| Host Country(ies) | Training Institute(s)(firms/organizations) | Specific Courses | Period | Duration(weeks) |
| from | to |
|  |  |  |  |  |  |
| Total duration |  |
| 1. Requests that this fellowship be financed under the technical co-operation programme:

Project No.: Enter Project No.Post No.: Enter Post No. |

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| 1. Declares that the objectives of this fellowship are:

List objectives of fellowship |
| 1. [ ]  Agrees that it will assume responsibility for the nominee’s transportation costs (airfare) to and from host country(ies).

[ ]  Requests that the nominee’s transportation costs (airfare) to and from host country(ies) be provided by the Project. |
| 1. Certifies that:
2. 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 Select period of time.
3. the nominee’s employment status, rights, salary and seniority will not be adversely affected, during the period of his/her absence, under the fellowship.
4. all sections of this Nomination Form have been duly completed and the Nominee is suitable for the proposed Training Programme.
5. nominee is/will be in possession of a valid passport and necessary visas which do not expire before the termination date of the Fellowship.
 |
| Date: Enter Date  | Signature of Civil Aviation AuthorityName: Title: |
| OBSERVATIONS BY ICAO PROJECT MANAGER/MISSION CHIEFI certify that all sections of this Nomination Form have been duly completed and the Nominee is suitable for the proposed Training Programme.Date: Enter Date Signature |

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| PART II – NOMINEE’S PERSONAL HISTORY |
| 1. Name:
 | 1. Gender: [ ]  Male [ ]  Female
 |
| 1. Date of Birth: (Day/Month/Year)
 |
| 1. Private address/city of residence:
 |
| 1. Nationality:
 |
| 1. Language Ability:
2. Mother tongue: Enter language of mother tongue
3. Language(s) used in Primary and Secondary School: Enter language of education
4. Other language(s) of which nominee has a working knowledge: Enter other language
5. Language(s) to be used in proposed fellowship programme: Enter language of programme
 |
| 1. School Education Record:
 |
| Name/Town/Country of School(s) | Period | Grade completed and certificate acquired |
| from | to |
|  |  |  |  |
| 1. College/University Education Record:

(If you have graduated with a diploma or degree, indicate under “subject(s) studied” only the major subject(s) studied. Otherwise, indicated all the subjects studied. |
| Name of College/University | Subject(s) Studied | Period | Degree/Diploma Acquired |
| from | to |
|  |  |  |  |  |
| 1. Technical and/or Specialized Training Record:

(Same as for 8. above. List and identify any previous ICAO fellowship training.) |
| Name and Place of Training Institute | Subject(s) Studied | Period | Duration(weeks) | Diploma/Cert. Acquired |
| from | to |
|  |  |  |  |  |  |

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| 1. Employment Record

(indicate last five years and/or last two positions) |
| Employer(name of firm/org.) | Position Last Held | Period | Duties and Responsibilities |
| From | to |
|  |  |  |  |  |
| 1. Nominee’s statement:
2. 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.
3. Should I be awarded this fellowship, I hereby undertake to:
4. Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
5. 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;
6. Refrain from engaging in political, commercial, or any activities detrimental to the host country;
7. Submit reports as required by ICAO and comply with all ICAO instructions; and,
8. Return to my country, on termination of my fellowship programme, and 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: Enter Date Nominee’s Signature |

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| PART III – LANGUAGE TEST RESULTS |
| NOTE: | This test is only required if the language to be used during the proposed training is not the mother tongue of the nominee or is not the language used in primary, secondary or college level schools where the nominee acquired his/her education (see PART II – items 6, 7 and 8). The test should be conducted at a language school, university or local Embassy/Council. |
| Name of institution conducting the examination: |  |
| Nominee’s name: |  |
| Language for which test was set: |  |

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| 1. Understanding (check as appropriate):
2. Understands without difficulty when addressed at normal speed. [ ]
3. Understands nearly everything at normal speed although occasional repetition may be necessary. [ ]
4. Understands almost everything if addressed slowly and carefully. [ ]
5. Requires frequent repetition and/or translation of words and phrases. [ ]
6. Does not understand even the simplest conversation. [ ]
 |
| 1. Speaking (check as appropriate):
2. Speaks fluently, accurately and is easily intelligible. [ ]
3. Occasionally makes errors which do not, however, obscure meaning. [ ]
4. Makes frequent errors which occasionally obscure meaning. [ ]
5. Speaks with so much difficulty that comprehension is difficult. [ ]
6. Errors in speech so severe as to make comprehension virtually impossible [ ]
 |
| 1. Reading (check as appropriate):
2. Reads fluently with full comprehension. [ ]
3. Reads slowly but understands almost everything he/she reads. [ ]
4. Reads with difficulty; often consults the dictionary. [ ]
5. Cannot understand what he/she reads. [ ]
 |
| 1. Writing (check as appropriate):
2. Writes with ease and accuracy. [ ]
3. Writes with few mistakes; can be understood. [ ]
4. Writes with difficult and makes frequent mistakes. [ ]
5. Cannot write. [ ]
 |
| **CONCLUDING REMARKS**Would this person be able to follow a technical course in this language? [ ]  Yes [ ]  NoDate: Enter Date Signature of examiner: |
|   Name (type or print): |  |
|   AFFIX OFFICIAL SEAL OR STAMP |

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| PART IV – MEDICAL REPORT |
| NOTES:1. It is essential that the nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. The Fellow and/or his/her Government will be responsible to pay for any medical expenses incurred by the Fellow for sickness existing prior to the starting date of Fellowship.
2. The nominee must undergo a medical examination conducted by a registered medical practitioner. Medical papers (examination, laboratory or x-ray results, etc.) should not be forwarded unless requested.
3. Flight crew members and Air Traffic Controllers who are to undergo training to obtain or renew a license must provide a copy of their medical certification in lieu of this medical report.
 |
| The undersigned, Dr. Enter name of Dr. having completed the medical examination of nominee Enter name of Dr. whose photograph appears above, certifies the following: |
| The Nominee:1. is physically able to travel abroad:
2. is mentally and physically able to carry out intensive:
3. is free from infectious diseases:
4. has good hearing:
5. has good eyesight:
6. is free from ailments that require treatment or periodic medical examination during the proposed duration of the fellowship programme:
 |

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| --- | --- |
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| Yes | No |
| [ ]  | [ ]  |
| [ ]  | [ ]  |
| [ ]  | [ ]  |
| [ ]  | [ ]  |
| [ ]  | [ ]  |
| [ ]  | [ ]  |

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| Additional comments by Medical Practitioner:Date: Enter Date Signature of Medical PractitionerAFFIX OFFICIAL SEAL OR STAMP(to be affixed across photograph also) |