



International  
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Международная  
организация  
гражданской  
авиации

منظمة الطيران  
المدني الدولي

国际民用  
航空组织

LT 2/6A.96  
LN 3/24.1-SA0031

25 January 2010

To: Mr. Pierre Dubois, DIRAC French Guiana  
Mr. Philippe Guivarch, Chef du SNA Antilles-Guyane  
Mr. Zulficar Mohamed/CAD Guyana (ai)  
Mr. John Veira/Director of Civil Aviation, Suriname

cc.: Mr. Peter Cerdá, IATA Director Safety, Operations & Infrastructure, the Americas & Atlantic  
Mr. Manuel Góngora, IATA Manager Safety, Operations and Infrastructure, LATAM/CAR

From: ICAORD, Lima

Subject: **First SAM Workshop on ATS Routes Network Optimisation (SAM ATSR0/1) – Lima, Peru, 1 to 5 March 2010)**

**Action  
required: Reply before 15 February 2010**

Sir/Madam,

I have the honour to send you this letter, to invite your administration/organization to participate in the First SAM Workshop on ATS Routes Network Optimisation (SAM ATSR0/1) – Lima, Peru, 1 to 5 March 2010). The workshop will be held in Spanish language only, but whispering services could be offered as required.

As you may recall, during the Third Meeting of the South American Region Implementation Group (SAM/IG/3) carried out in Lima, from 20 to 24 April 2009, through Conclusion SAM/IG/3-1, it was approved that ICAO SAM States take the pertinent actions to follow-up guidelines and comply with established deadlines in the ATS Routes Network Optimization Programme for the South American Region. The main goal of this optimization programme is to maximize the efficient use of the airspace, in order to achieve an inter-functional air traffic management system, at disposal of all users during all flight phases, complying with safety levels agreed, providing economically optimum operations, being sustainable with regard to the environment and meeting national aviation security requirements.

The mentioned programme will be carried out by phases and a thorough study of the SAM ATS Routes Network was carried out as a follow-up of the action plan, with a view to elaborating Version 1 of the ATS Routes Network. Two experts of the Region carried out this initial task, and prepared a document indicating the ATS domestic and international routes that could be eliminated in function of its utilization, "conventional" routes that could be eliminated or replaced by RNAV routes, RNAV routes that could be realigned in function of SID and STARs of the main TMAs of the Region, being the result a tentative proposal for the updating of ATS routes network that shall be reviewed by States experts and airspace users.

Therefore, this Workshop has the purpose that SAM States experts and airspace users analyze the above proposal and thus submit to the SAM/IG/5 Meeting Version 1 of the ATS Routes Network Optimization Programme for the South American Region. Draft Agenda and Explanatory Notes, work programme and information paper IP/01, containing general information for the workshop are shown as **Attachment A, B and C** to this letter.

As expressed, I am pleased to invite your administration to propose participants, keeping in mind that reservation of vacancies will be on a first-come first-serve basis until completing the available participants' quota. For this reason, I will highly appreciate if you inform me as soon as possible whether your administration will send participants, submitting, if such were the case, the attached fellowship form (**Attachment D**) duly filled, in order to receive it not later than **15 February 2010**.

In view of the above, your administration should consider the following financing alternatives:

- a) Fellowships from an ICAO Project approved for your State.
- b) Fellowships chargeable to a Trust Fund Agreement established with your administration.
- c) One fellowship sponsored by Regional Project RLA/06/901, for each State/organization participating in this project that does not count on any of the previous alternatives, on a first-come first-serve basis, having the interested administration to provide the air tickets to and from the host country.

- d) Own resources of your administration, in the lack of any of the previous alternatives.

Accept, Sir, Madame, the assurances of my highest consideration.



**Franklin Hoyer**  
**Regional Director**  
**South American Office**  
**Lima**

**ATTACHMENT A**

**FIRST SAM WORKSHOP ON ATS ROUTES NETWORK OPTIMISATION (SAM ATSRO/1)**

**(Lima, Peru, 1 to 5 March 2010)**

**DRAFT AGENDA**

**Agenda Item 1: Review of the ICAO SAM Region ATS Routes Optimization.**

Under this agenda item, the workshop will review the SAM Region ATS routes network optimisation programme, as approved by the Third Meeting/Workshop of the SAM Implementation Group (SAM/IG/3), through conclusion SAM/IG/3-1. Also, the workshop will have the opportunity to review the action plan associated to such optimization programme, and if such were the case, introduce the changes deemed pertinent.

**Agenda Item 2: Analysis of Version 1 of the SAM ATS routes network**

The workshop will have the opportunity to review Version 01 of the SAM ATS Routes Network, which was developed with the assistance of Regional Project RLA/06/901, to attend 2.2.5 of the Action Plan for SAM ATS Routes Network Optimization. The mentioned study used as a basis the air traffic data collection carried out by SAM States, as well as the data collection on air navigation capacity of aircraft operating in the Region. It is expected that under the modality of workshop, experts and participants analyze the different options presented and take the corresponding decisions and further prepare a proposal for amendment to the ATS routes network keeping in mind that the result of this work will be presented at the SAM/IG/5 Meeting, for its revision, validation and implementation by the South American Region States.

**Agenda Item 3: Other matters**

Under this agenda item, the workshop will be able to review matters which have not been discussed in the previous agenda items.

## ATTACHMENT B

## FIRST SAM WORKSHOP ON ATS ROUTES NETWORK OPTIMISATION (SAM ATSRO/1)

(Lima, Peru, 1 to 5 March 2010)

## TENTATIVE WORK PROGRAMME

Hour	Monday 1 March 2010	Hour	Tuesday 2 March 2010	Wednesday 3 March 2010	Thursday 4 March 2010	Hour	Friday 5 March 2010
0830 0900	Registration of participants						
0900 0915	- Meeting with Heads of Delegation - Opening of the Event - Election of the President and Vice-president	0900 1030	Ad-Hoc Groups	Ad-Hoc Groups	Review of Ad-Hoc Groups work	0900 0930	Report Review
0915 0930	<i>Coffee break</i>	1030 1045	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	0930 1000	
0930 1230	Review of Agenda Item 1	1045 1215	Ad-Hoc Groups	Ad-Hoc Groups	Review of Ad-Hoc Groups work	1000 1130	Report Approval
1230 1315	<i>Coffee break</i>	1215 1300	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>		
1315 1400	Review of Agenda Item 2	1300 1400	Ad-Hoc Groups	Ad-Hoc Groups	Review of Ad-Hoc Groups work	1130 1200	Closing of the workshop
1400 1500	Review of Agenda Item 2	1400 1500	Ad-Hoc Groups	Ad-Hoc Groups	Review of Agenda Item 3		

- END -

# ATTACHMENT C



SAM ATSRO/1

IP/01

21/01/10

## International Civil Aviation Organization South American Regional Office

### FIRST SAM WORKSHOP ON ATS ROUTES NETWORK OPTIMISATION (SAM ATSRO/1)

(Lima, Peru, 1 to 5 March 2010)

#### GENERAL INFORMATION

(Presented by the Secretariat)

#### 1. Place and date of the event

The First SAM Workshop on ATS routes network optimisation (SAM ATSRO/1) will be held at the ICAO SAM Regional Office, Lima, Peru, from 1 to 5 March 2010.

#### 2. Address of the ICAO South American Office

Av. Víctor Andrés Belaúnde 147  
Centro Empresarial Real, Torre Cuatro, Piso 4  
San Isidro  
Telephone: +511 611-8686  
Fax: +511 611-8689  
E-mail: [mail@lima.icao.int](mailto:mail@lima.icao.int)

#### 3. Opening session

Monday, 1 March 2010  
Registration of participants: 08:30 – 09:00 hrs.  
Opening session: 09:00 – 09:15 hrs.

#### 4. Language and documents

This event will be carried out in Spanish language only. However, if there is an English-speaking participant, whispering interpretation will be provided. The documentation of the event will be published in the ICAO SAM Regional Office Web page: <http://www.lima.icao.int> as soon as it is available. No documentation will be distributed during the meeting.

## 5. **Registration of participants**

Participants are requested to fill in the registration form attached to this information paper and submit it to SAM Regional Office as soon as possible. A subsequent registration will take place at the corresponding registration desk, from 08:30 to 09:00 hrs, during the first day of the event, where the duly completed registration sheet should be handed in. Likewise, participants are requested to use the badges supplied to them during registration.

## 6. **Temperature**

Temperature in Lima during the month of March varies from 19°C to 26°C. The average humidity is of 70%.

## 7. **Transportation from/to the airport**

There are authorized taxis services at the Jorge Chavez International Airport.

The rate to Miraflores or San Isidro (hotel area) is of approximately US\$ 20.00. This rate can be confirmed in counters at the Airport's international arrivals area.

Taking into account the increase in assaults against persons who travel in the route to and from the airport, the following taxi companies are suggested:

Eurocar	Tel: +511 222-1010
	E-mail: <a href="mailto:ventas@eurocarperu.com">ventas@eurocarperu.com</a>
CMV Servicio Ejecutivo	Tel: +511 422-4838
	E-mail: <a href="mailto:cmv@exalmar.com.pe">cmv@exalmar.com.pe</a>

## 8. **Transportations to and from the site of the event**

Participants can take a taxi or walk to the SAM Regional Office, depending on the location of the selected hotel, and vice versa.

In the city, there are independent or informal taxi drivers. In view of the fact that they do not belong to a company, they do not provide any safety or guarantee. In case of taking an informal taxi, please consider that you may be at a high risk.

Companies recommended for transfers within the city:

Alo Taxi	+51 1 225-4355
Lima Remisse	+51 1 224-5529 / 99965-6639
Taxi Planet	+51 1 794-4864 / 781-7988
Tata Taxi	+51 1 274-5151
Taxi Real	+51 1 470-6263 / 470-6203
Taxi Seguro	+51 1 241-9292

9. **Suggested hotels in Lima:**

Reservations should be arranged directly with the hotel and **well in advance**. In view of the various events carried out in Lima, prices may vary. Kindly consult the hotel of your preference.

<b>Hotel</b>	<b>Dirección Address - Tel/Fax Página Web/ Website - Correo electrónico//E-mail</b>	<b>Simple US\$</b>	<b>Doble/ Double US\$</b>
Swissôtel Lima*****	(A 50 mts de la Oficina/(50 mts away from the Office) Via Central 150, Centro Empresarial Real, San Isidro Tel: +51 1 611-4415 - Fax: +51 1 421-4360 E-Mail: <a href="mailto:elsa.aguirre@swisslim.com.pe">elsa.aguirre@swisslim.com.pe</a> Web: <a href="http://www.swissotel.com">http://www.swissotel.com</a> Tarifas sujetas al cargo de 19% de IGV y al 10% de servicios. Se puede exonerar del 19% si el pasajero es extranjero./Rates are subject to 19% Sales Tax and 10% Service Tax. Foreigners are exempted of 19% Sales Tax presenting the passport during check-in. Incluye desayuno buffet / Buffet breakfast included <b>Solicitar código OACI para reservas / Request ICAO code - corporate rate.</b>	Premier US\$ 190.00 Swiss Business Advantage US\$ 200.00 Swiss Executive US\$ 280.00  Todas las tarifas All rates + 10 %	Premier US\$ 200.00 Swiss Business Advantage US\$ 215.00 Swiss Executive US\$ 300.00  Todas las tarifas All rates + 10 %
El Pardo Doubletree Hotel ***** Miraflores	(distancia 10 minutos de la oficina, en taxi/ 10 minutes away from the office, by taxi) Jr. Independencia 141, Miraflores Tel: +51 1 617-1000 Fax. +51 1 444-2171 / 241-0039 Web Page: <a href="http://www.elpardodoubletree.com.pe/">http://www.elpardodoubletree.com.pe/</a> E-mail: <a href="mailto:pardohot@doubletreeelpardo.com.pe">pardohot@doubletreeelpardo.com.pe</a> Incluye desayuno buffet / Buffet breakfast included	US\$ 150.00 + 10%  (130.00 Cuando el evento es en el hotel)	US\$ 165.00 +10%  (145 cuando el evento es en el hotel)
Delfines Hotel & Casino ***** (Summit Hotels & Resorts)	(Distancia: 5 mins de la Oficina en taxi)/ distance 5 mins. away from the office by taxi) Calle Los Eucaliptos 555, San Isidro Tel: +51 1 215-7000 - Fax: +51 1 215-7073 Web Page: <a href="http://www.losdelfineshotel.com.pe">http://www.losdelfineshotel.com.pe</a> E-mail: <a href="mailto:reservas@losdelfineshotel.com.pe">reservas@losdelfineshotel.com.pe</a> Incluye desayuno buffet en Delphos Cafe / Buffet breakfast included at Delphos Cafe	Superior US\$ 145.00 Executive US\$ 170.00 +10%	Superior US\$ 165.00 Executive US\$ 190 +10%
Sonesta Hotel El Olivar *****	(a 3 cuadras de la Oficina/ 3 blocks away from the office) Pancho Fierro 194, San Isidro Tel +51 1 712-6060 - Fax +51 1 7126099 Web Page: <a href="http://www.sonesta.com">http://www.sonesta.com</a> E-mail: <a href="mailto:reservas@sonestaperu.com">reservas@sonestaperu.com</a> / <a href="mailto:mllaque@sonestaperu.com">mllaque@sonestaperu.com</a> Incluye desayuno buffet / Buffet breakfast included	US\$ 178.00 + 10%	US\$ 191.00 + 10%

<b>Hotel</b>	<b>Dirección Address - Tel/Fax Página Web/ Website - Correo electrónico//E-mail</b>	<b>Simple US\$</b>	<b>Doble/ Double US\$</b>
Hotel Suites del Bosque *****	(a 3 cuadras de la Oficina/ 3 blocks away from the office) Av. Paz Soldán 165, San Isidro Tel: +511 616 1818 / 616 2121 Web Page: www.suitesdelbosque.com E-mail: reservas@suitesdelbosque.com Incluye desayuno buffet e impuestos por servicios/ Includes breakfast buffet and service taxes	Suite Ejecutiva Estándar (Simple) Executive Suite (single) US\$ 110.00 + 10% Viernes y Sábado US\$100 + 10%	Suite Ejecutiva Estándar Doble Standard Exec. Suite (Double) US\$ 120.00 + 10% Viernes y Sábado US\$100 + 10%
Plaza del Bosque Apart Hotel *****	(a 3 cuadras de la Oficina/ 3 blocks away from the office) Av. Paz Soldán 190, San Isidro Tel: +51 1 616-1818 / 616-2121 Web Page: www.plazadelbosque.com E-mail: reservas@plazadelbosque.com Incluye desayuno buffet e impuestos por servicios/ Includes breakfast buffet and service taxes	Suite Ejecutiva Estándar (Simple) Executive Suite (single) US\$ 110.00 + 10% Viernes y Sábado US\$100 + 10% Suite Ejecutiva	Suite Ejecutiva Estándar Doble Standard Exec. Suite (Double) US\$ 120.00 + 10% Viernes y Sábado US\$100 + 10%
Los Tallanes Hotel Suites *****	(distancia 5 minutos de la oficina en taxi/ 5 minutes away from the office, by taxi) Av. Jorge Basadre 325, San Isidro Tel: +51 1 221-0001 - Fax: +51 1 222-5030 Web Page: www.hoteltallanes.com E-mail: mdurand@hoteltallanes.com.pe Incluye desayuno Americano/American breakfast incl.	Suite Ejecutiva Estándar (Simple) US\$ 140.00 + 10%	Suite Ejecutiva Estándar (Doble) US\$ 150.00 + 10%
Hotel José Antonio***	(distancia 10 minutos de la Oficina en taxi/ 10 minutes away from the Office by taxi) Av. 28 de Julio 398, Miraflores Tel: +51 1 445-7743 / 445-6870 Fax: +51 1 446-8295 Web Page: www.hotelesjoseantonio.com E-mail: ventas@hotelesjoseantonio.com Incluye desayuno buffet e impuestos por servicios/Includes buffet breakfast and service taxes	US\$ 90.00 Executive US\$ 100.00 10%	US\$ 100.00 Executive US\$ 120.00 + 10%
Hotel El Doral***	(distancia 10 minutos en taxi/the distance from the office is 10 minutes in taxi) Av. José Pardo 486, Miraflores Tel. +51 1 242-7799 Fax +51 1 446-8344 Web Page: http://www.eldoral.com.pe E-mail: aparthotel@eldoral.com.pe Incluye desayuno americano/ Includes American breakfast	US\$ 58.00 + 10%	US\$ 68.00 + 10%

Hotel	Dirección Address - Tel/Fax Página Web/ Website - Correo electrónico//E-mail	Simple US\$	Doble/ Double US\$
NOVOTEL Lima ****	Distancia al frente de la Oficina/across the street Av. Victor Andrés Belaunde 198 San isidro Tel: +511 315 9924 / 315 9925 E-mail: h6339-re1@accor.com Incluye desayuno buffet/ Includes buffet breakfast and service taxes Check in 14 hrs - Check out 12 hrs.	US\$140.00 + 10%	US\$160.00 + 10%
Lima Airport Inn	(distancia 10 minutos en taxi/the distance from the office is 10 minutes in taxi) Miguel Grau 191, Miraflores Tel.: +51 (1) 4474943 Fax: +51 (1) 4460267 E-mail: airport_inn@terra.com.pe Incluye desayuno continental/ Includes Continental breakfast	US\$35.00 + 10%	US\$45.00 + 10% Triple US\$60.00 + 10%

**Nota/Note:** Pasajeros extranjeros están exonerados del 19% de IGV previa presentación del pasaporte con el sello de ingreso al Perú al momento del check in en el hotel.

Foreigners are exempted of 19% Sales Tax presenting the passport during check-in.

#### 10. **Passport, visa and vaccination requirements**

To enter the country, an updated passport and visa are requested; however, it is recommended to contact the Peruvian Embassy or Consulate in your country, to enquire on this requirement well before your departure. Please also verify if yellow-fever or any other vaccination is required.

#### 11. **Money exchange and credit cards**

The Peruvian currency is the Nuevo Sol Peruano (S/.). Present exchange rate is S/ 2.80 per US \$ 1.00.

Credit cards as American Express, Master Card, VISA, Diners Club, etc, are usually welcome in hotels, shopping centres and restaurants. Traveller's checks should be exchanged in banks.

#### 12. **Hospitals**

In case of emergency, **Clínica Anglo Americana** is recommended, which is located in Alfredo Salazar s/n, Miraflores, Tel: +51 1 616-8900.

#### 13. **ICAO Contact telephone numbers**

Mr. Jorge Fernández, RO/ATM/SAR  
(jfernandez@lima.icao.int) ..... 224-9007  
Mr. Alberto Orero, Security Officer  
(aorero@lima.icao.int) ..... 264-3651 / 99676-0320 / 99831\*5523

**14. Electricity**

220 Volts/60Hz.

**15. Airport tax**

Exit airport tax is US\$ 31.00 American Dollars.

**16. Airlines**

The following telephone numbers are provided, with the aim you can confirm your flights back to your country:

Aerolíneas Argentinas.....	513-6565
Aeroméxico.....	705-1111
Air Canada.....	0800 52073
Air Comet.....	0800 52222
Alitalia.....	241-1026 / 241-8303
American Airlines.....	0800 40350 / 211-7000
Avianca.....	0800 51936
Continental Airlines.....	0800 70030 / 712-9230
Copa Airlines.....	610-0808
Delta Airlines.....	0800 4 3210 / 211-9211
Gol.....	0800 52917
Iberia.....	411-7801
KLM.....	213-0200
Lan.....	0801-11234 / 213-8200
Lloyd Aéreo Boliviano.....	444-0510 / 241-5210
Lufthansa.....	442-4455 / 444-4440
Mexicana de Aviación.....	610-6065 / 610-6066
Taca.....	511-8222

**17. Information on safety and protection**

Upon any emergency situation, kindly call the Security Officer of the ICAO South American Office, Mr. Alberto Orero: tel. 264-3651, Cells 99676-0320 or 99831\*5523, or to the Operations Centre of the United Nations Safety and Security Department (UNDSS):

**Assistance 24 Hours - 365 days**

213 – 3220	Direct
213 – 3200	Ext. 1600
99757 – 1008	Cellular

18. **General recommendations in the event of an earthquake**

The city of Lima is within an earthquake area.

**During an earthquake**

- a) Keep calm.
- b) Stay away from windows, do not go to any balconies, do not use elevators.
- c) Locate yourself in previously identified internal safety zones.
- d) Evacuate the premises only if conditions permit it; otherwise, minimize your movements.

**After an earthquake**

- a) Proceed to leave the premises, since quakes can continue.
- b) Evacuation must be carried out calmly, quickly and safely through the indicated routes.
- c) Stay in the evacuation site until the designated security team of the building has verified whether the installations are at risk.

**ICAO Third and Fourth floor emergency exits**

- a) In front of the elevator area are two emergency staircases.
- b) Both stairs end in the first floor of the building, in the main entrance area.
- c) Proceed down the staircases. Do not push or run; keep in line, move in one direction only; keep conversation to a minimum.
- d) Exit the building to allow free flow of other evacuees exiting behind you.
- e) Once outside the building and having your back to it, turn left towards the evacuation site, located across V. A. Belaúnde Avenue.
- f) Pay attention at all moment to the indications that the security team might make.

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**PLANO DE UBICACIÓN DE LA OFICINA REGIONAL SUDAMERICANA DE OACI EN LIMA, PERÚ/  
ICAO SOUTH AMERICAN REGIONAL OFFICE LOCATION MAP IN LIMA, PERU**

**Av. Víctor Andrés Belaúnde 147 - Edificio 4, cuarto piso, San Isidro**



Adjunto/Attachment



INTERNATIONAL CIVIL AVIATION ORGANIZATION

FIRST SAM WORKSHOP ON ATS ROUTES NETWORK OPTIMISATION (SAM ATSRO/1)

(Lima, Peru, 1 to 5 March 2010)

FORMULARIO DE REGISTRO / REGISTRATION FORM

1. Estado/*State*:  
Organismo/*Organization*: \_\_\_\_\_

2. Nombre/  
*Name*: \_\_\_\_\_

3. Cargo/*Position*: \_\_\_\_\_

4. Participa como / *Participates as*:

Miembro/  
*Member*  Alternativo/  
*Deputy*  Delegado/  
*Delegate*  Observador/  
*Observer*  Ponente/  
*Lecturer*  Instructor/  
*Instructor*  Alumno/  
*Student*

5. Dirección oficial /  
*Business address*: \_\_\_\_\_  
\_\_\_\_\_

6. Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Hotel o dirección en la  
ciudad/ *Hotel or local  
address*: \_\_\_\_\_

8. Información de vuelo/  
*Flight information*: Vuelo llegada/ fecha/ hora/  
*Arrival flight/ date/ hour*: \_\_\_\_\_  
Vuelo salida/ fecha/ hora/  
*Departure flight/ date/ hour*: \_\_\_\_\_

Firma/  
*Signature*: \_\_\_\_\_ Fecha/ *Date*: \_\_\_\_\_



**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
TECHNICAL ASSISTANCE 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 *six 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 ICAO TRAINING DIRECTORY.

*Paragraph 2* should provide *specific* details as regards Host Countries, Training Institutes and Courses, e.g. 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/Council of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

### **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 licence. All others should take a general physical examination including a chest X-ray (Part IV-A).

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

**NOTE:** This form is available in English, French and Spanish.  
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 six 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.

### PART I – NOMINATION BY GOVERNMENT

The Government of \_\_\_\_\_ hereby:

1. Nominates: Mr./Mrs./Ms.\* \_\_\_\_\_  
(family name) (first name) (middle name)

for an ICAO fellowship in the field of \_\_\_\_\_  
(Please identify main Field of Training in accordance with the ICAO Training Directory, Section I – List of Training Courses)

2. Requests the following programmes of training under this fellowship:

(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.

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
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. Agrees that it will/will not\* assume responsibility for the nominee's transportation costs to and from host country(ies)

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 nominee's employment status, rights, salary and seniority will not be adversely affected, during the period of his/her absence, under the fellowship.
- 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Civil Aviation Authority

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

\* delete that which is not applicable.

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

PART II – NOMINEE'S PERSONAL HISTORY					
1. Name	2. Marital Status	3. Date of birth:			
4. Private address (for mailing purposes):					
5. Name and address of person to be notified in case of emergency (other than the government authorities):					
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:					
Name of college/university	Subject/s studied	Period		Degree/Dip. acquired	
		from	to		
9. Technical and/or specialized training 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 and place of Training Institute	Subject/s studied	Period		Duration	Diploma/Cert. acquired
		from	to		

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

PART II – cont'd

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

Employer (name of firm/org.)	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

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

### 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 Assistance Mission should be consulted in this regard.

Name of institution conducting the examination: \_\_\_\_\_

Nominee's name: Mr./Mrs./Miss\* \_\_\_\_\_

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

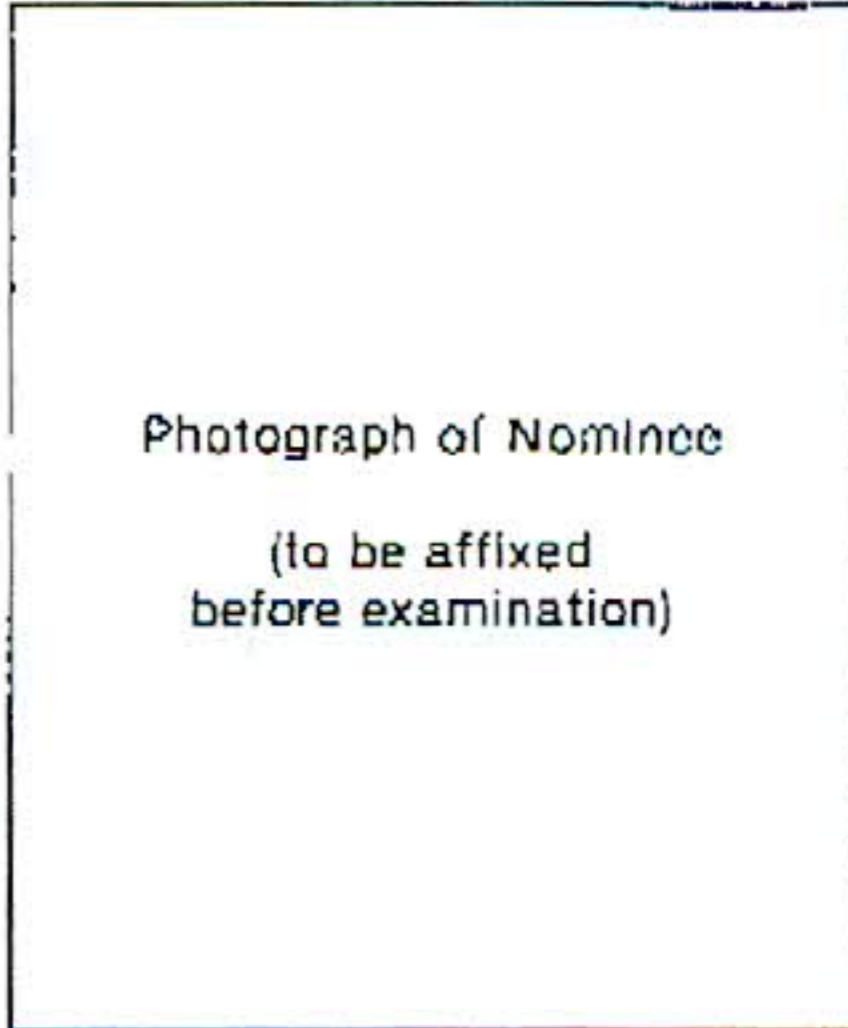
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of examiner

Name: \_\_\_\_\_  
(type or print)

AFFIX OFFICIAL SEAL OR STAMP

\* delete that which is not applicable.



## 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 licence 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./Miss\* \_\_\_\_\_ 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 ailments that require treatment, or periodic medical examination during the proposed duration of the fellowship programme

Yes	No

Additional comments by Medical Practitioner:

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Medical Practitioner

AFFIX OFFICIAL SEAL OR STAMP  
 (to be affixed across photograph also)

\* delete that which is not applicable.

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

**PART IV — B — MEDICAL REPORT**  
FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO  
TRAINING FOR A LICENCE 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		
Type of licence to be trained for:		Initial <input type="checkbox"/> ATCO <input type="checkbox"/>	PP <input type="checkbox"/> CP <input type="checkbox"/>	Other	
Have you previously been examined for flight crew or air traffic control duties?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where and when?		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"/>	
Flying 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	
<b>MEDICAL HISTORY</b> 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				Gynaecological/Obstetrical conditions	
Sugar or albumen 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: _____	

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

### 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 — Stender <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/>						
		Normal	Abnormal		Normal	Abnormal		
Head, face, neck and scalp				Vascular system				
Nose				Abdomen and viscera (including hernia)				
Sinuses				Anus and rectum (haemorrhoids, 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 motility (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		_____				Right eye: 20/	corrected to 20/	
Systolic	recumbent	_____				Left eye: 20/	corrected to 20/	
Diastolic		_____				Both eyes: 20/	corrected to 20/	
Pulse: Sitting		_____				Near vision	N Chart value:	
						Intermediate vision	N Chart value:	
							Normal	Abnormal
						Colour vision		

#### LABORATORY EXAMINATIONS

Urinalysis:	Sugar	Albumen	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

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.