



International
Civil Aviation
Organization

Organisation
de l'aviation civile
internationale

Organización
de Aviación Civil
Internacional

Международная
организация
гражданской
авиации

منظمة الطيران
المدني الدولي

国际民用
航空组织

LN 3/24.1 – SA5650

Lima, 27 June 2011

To: Mr. Pierre Dubois, Directeur Régional de l'Aviation Civile aux Antilles et en Guyane (France)
Mr. Zulficar Mohamed, Director General, Civil Aviation Authority, Guyana
Mr. Stanley Betterson, Acting Director of Civil Aviation, Suriname

Subject: **Regional Project RLA/06/901 - Second Workshop/Seminar for the system safety monitoring after the implementation of Version 01 of the ATS route network of the SAM Region and risk assessment following the implementation of Amendment 1 to the PANS ATM (FPL), (SAM/RA/02)**
Lima, Perú, 5 to 9 September 2011

Action

required:

- Take note and nominate participants before 19 August 2011
- Confirm intention to give a presentation before 19 August 2011
- Submit to this Regional Office documentation for the meeting before 2 September 2011

Sir,

I have the honour to Address you this letter to inform you that the Second Workshop/Seminar for the system safety monitoring after the implementation of Version 01 of the ATS route network of the SAM Region and risk assessment following the implementation of Amendment 1 to the PANS ATM (FPL), (SAM/RA/02), has been programmed to be held at the ICAO SAM Regional Office premises in Lima, Peru, from 5 to 9 September, supported by Regional Project RLA/06/901 - *Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding technological CNS support.*

This workshop/seminar will allow the development of guidances on the lessons learned in the process of assessing risk after the implementation of Version 01 of the ATS route network and assess the risk before the implementation of the new flight plan format as a result of Amendment 1 to Doc 4444.

The delegates should be experts in the safety management systems and personnel of the civil aviation Administrations directly involved in the implementation of the ATS routes network optimisation program and in the new flight plan format (FPL).

The description of the workshop/seminar is included as **Attachment A**. The vacancies available are 40 participants. I'm also attaching Information Paper IP/01 (**Attachment B**), which contains general information about the event. The tentative agenda and explanatory notes are contained in **Attachment C**.

I am therefore pleased to invite your administration to propose participants, keeping in mind that the reservation of vacancies will be made on a first-come-first-served basis until completing the available quota.

In order to attend this event, you should consider the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved by your State;
- b) Fellowships sponsored by Regional Project RLA/06/901, having one fellowship for each State participating in this project that does not count on the previous alternative, and having the interested administration to provide the air tickets to and from the host country; or
- c) Own resources of your administration, in the lack of any of the previous alternatives.

For this reason, I will highly appreciate if you inform me as soon as possible whether your administration will send participants, sending their Registration Form (**Attachment D**) and if such is the case, the ICAO fellowship nomination form (**Attachment E**) duly completed, in order to receive it at this Office, not later than **19 August 2011**.

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer
Regional Director
ICAO South American Office
Lima

Enclosure

As indicated

cc: Mr. Daniel Madiot, Chef du SNA (ai) aux Antilles et en Guyane (France)
Mr. Gerardo Meyer, Coordinador Internacional, Proyectos OACI, Perú
C/FOS



| Project | Title of the event | | | | ICAO N° and abbreviation |
|------------------------------|---|-------------------|---|---|--------------------------|
| RLA/06/901 | Second Workshop/Seminar for the system safety monitoring after the implementation of Version 01 of the ATS route network of the SAM Region and risk assessment following the implementation of Amendment 1 to the PANS ATM (FPL), (SAM/RA/02) | | | | ATC/SAR OTH |
| Duration (calendar days) | Starting date | Termination date | Deadline for nominations | Language(s) | Cost USD |
| 5 | 5 September 2011 | 9 September 2011 | 19 August 2011 | Spanish / English | --- |
| Working hours | Minimum vacancies | Maximum vacancies | | | |
| 08:30 – 15:30 | 12 | 40 | | | |
| Objective | Make the system safety monitoring after the implementation of Version 01 of the ATS routes network and develop guidances on the lessons learned in the process. Assess the risk before the implementation of the new flight plan format as a result of Amendment 1 to Doc 4444 | | | | |
| Addressed to | Experts in the safety management systems and personnel of the civil aviation Administrations directly involved in the implementation of the ATS routes network optimisation program and in the new flight plan format (FPL). | | | | |
| Contents | <p>Information will be submitted on aspects of safety established in the ICAO SARPs and associated documents such as the PANS / ATM (Doc 4444), Doc 9613, the SMM Manual (Doc 9689), and so on.</p> <p>Information on difficulties faced inside the region in March 2011 for the implementation of Version 01 of the ATS routes network, will be obtained to provide guidance to states on the lessons learned in the process.</p> <p>Identification of hazards as a result of implementing the new FPL format in November 2012, will be performed using the SMS methodology contained in Doc 9859, ICAO Manual of Safety Management, thus allowing to define the risk mitigation measures that the States and ATSP should take into account SP for each of the identified hazards.</p> | | | | |
| Candidate profile | <p>Qualifications and experience in ATM / CNS.</p> <p>Knowledge of safety management and risk analysis, as well as related fields.</p> <p>Strong knowledge and familiarity with the ATS routes network Optimization Program of the South American Region and of the action plan for implementing the new FPL format .</p> | | | | |
| Registration of participants | Date | Time | Place | Contact | |
| | 5/09/11 | 08:00 | ICAO South American Regional Office, conference room at 4th floor located in Av. Víctor Andrés Belaúnde 147, Centro Empresarial Real, Vía Principal N° 102, Edificio Real 4, piso 4, San Isidro, Lima 27, Perú. | <p>Mr. Celso Figueiredo, Regional Officer ATM/SAR, telephone (511) 611 8686, ext. 104</p> <p>Mr. Roberto Arca, Regional Officer ATM/SAR/AIM, telephone (511) 611 8686, ext. 106</p> | |
| Accommodation | See list of suggested hotels in webpage www.lima.icao.int | | | | |



International Civil Aviation Organization

South American Regional office – Regional Project RLA/06/901

Second Workshop/Seminar for the system safety monitoring after the implementation of Version 01 of the ATS route network of the SAM Region and risk assessment following the implementation of Amendment 1 to the PANS ATM (FPL), (SAM/RA/02)
(Lima, Perú, 5 to 9 September 2011)

GENERAL INFORMATION

(Presented by the Secretariat)

1. Place and date of the event

The Second Workshop/Seminar for the system safety monitoring after the implementation of Version 01 of the ATS route network of the SAM Region and risk assessment following the implementation of Amendment 1 to the PANS ATM (FPL), (SAM/RA/02) will be held at the ICAO SAM Regional office premises, in Lima, Peru, from 5 to 9 September 2011.

2. Address of the ICAO South American Office

Av. Víctor Andrés Belaúnde 147
Vía Principal No. 102
Centro Empresarial Real, Torre Cuatro, Piso 4
San Isidro, Lima (See attached map)
Telephone: +511 611-8686
Fax: +511 611-8689
E-mail: mail@lima.icao.int

3. Opening session

Will take place on Monday, 5 September 2011, from 08:30 to 09:00 hrs, at the ICAO SAM Office's conference room located in the 4th floor.

4. Languages

This event will be held in Spanish and English and will have simultaneous interpretation services.

5. Documentation

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 event.

6. Registration of participants

Participants are requested to first fill-in the registration form and submit it to the ICAO SAM Regional Office as soon as possible (please refer to Attachment D of the convening letter).

On Monday 5 September, the registration will be verified at the registration desk, from 08:00 to 08:30 hrs. Participants are requested to use the badges that will be supplied to them during registration.

7. Transportation from/to the airport

There are authorized taxi services at the Jorge Chavez International Airport. The rate to Miraflores or San Isidro (hotel areas) is of approximately US\$ 20.00. This rate can be confirmed in counters at the Airport's international arrivals area. The following taxi companies are suggested:

| | |
|------------------------|--|
| Eurocar | Tel: +511 222-1010 E-mail: ventas@eurocarperu.com |
| CMV Servicio Ejecutivo | Tel: +511 422-4838 E-mail: cmv@exalmar.com.pe |

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. Weather and hotels

Can be found under "General Information", "Weather" and "Hotels" on the website of the ICAO South American Regional Office: <http://www.lima.icao.int/>.

10. Passport, visa and vaccination requirements

To enter Peru, 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/ 2.76 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. Health attention

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

13. ICAO contact telephone numbers

Mr. Celso Figueiredo, Regional Officer ATM/SAR..... 611-8686 ext. 104
(cfigueiredo@lima.icao.int)

Mr. Roberto Arca, Regional Officer ATM/SAR/AIM 611-8686 ext 106
(rlarca@lima.icao.int) Cel: 987 617 888

14. Electricity

220 Volts/60Hz.

15. Information on safety and protection

Upon any emergency situation, kindly call the Security Officer of the ICAO South American Office, Ms. Lia Ricalde: Cell 99831*5523, or to the Operations Centre of the United Nations Safety and Security Department (UNDSS), with round the clock assistance during 365 days a year, calling the following cell phones: 99757 – 1008 or 99757 – 1003.

16. 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.
- g) You will be informed when is it safe to return to the facilities.

**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



ATTACHMENT C

DRAFT AGENDA

Regional Project RLA/06/901

Second Workshop/Seminar for the system safety monitoring after the implementation of Version 01 of the ATS route network of the SAM Region and risk assessment following the implementation of Amendment 1 to the PANS ATM (FPL), (SAM/RA/02)

(Lima, Peru, 5 to 9 de September de 2011)

Agenda Item 1: Analysis of the general aspects of the safety management system

Participants will have the opportunity to receive information and exchange views with regard to general aspects involved in a safety management system.

Agenda Item 2: Safety monitoring and analysis after the implementation of Versión 01 of the ATS routes network of South American Region.

Participants will have the opportunity to review the process for managing safety risks, assess the current situation and carry out the identification of residual risks after the introduction of Version 01 of the ATS routes network in the South American Region in March 2011. They may make an assessment of the identified safety risks and of the process control and/or mitigate those risks. Also, will take note of the lessons learned during the process, which will be taken into account in future implementation processes of the regional ATS routes network. Finally, they may register the hazard identification and management of safety risks and determine what information will be included as a library of the regional safety.

Agenda Item 3: Implementation of Amendment 1 to the PANS ATM, Doc 4444 (FPL 2012).

Safety related to the implementation of Amendment 1 to the PANS ATM (Doc 4444) on the new format flight plan (FPL) to be carried out in November 2012 (FPL 2012), will be reviewed. Will report on the Regional Action Plan as well as on decisions taken at the meetings/ workshop of the SAM Implementation Group (SAM/IG) regarding the implementation of the new FPL format in 2012 and potential hazards identified in the latest seminar on the subject held in Lima, Peru from 19 to 20 May 2011.

Agenda Item 4: Hazard identification and management of safety risks before the implementation of Amendment 1 to the PANS ATM (FPL 2012).

According to Annex 11 (paragraph 2.27), any significant change related to ATS safety, shall only be effected after a safety assessment has demonstrated/shown to meet an acceptable level of safety and have been consulted to users. Therefore, the Workshop/ Seminar will have the opportunity to review the whole process of managing safety risks, assess the implementation of Amendment 1 to the PANS ATM, review the description of the system and carry out the identification of dangers posed by the implementation.

Likewise, it could make a preliminary assessment of safety risks and of the control and/or mitigation process of safety risks. Finally, it can register hazard identification and management of safety risks as well as determine what information will be included as regional safety library. This activity will be the base to be used for qualitative safety evaluation of the proposed scenario.

Agenda Item 5: Other business

At this point, the workshop/seminar will review issues that have not been discussed issues on the previous agenda items.



**ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL
INTERNATIONAL CIVIL AVIATION ORGANIZATION**

Proyecto Regional RLA/06/901 / RLA/06/901 Regional Project

Segundo Taller/Seminario para el monitoreo de la seguridad operacional del sistema luego de la implantación de la Versión 01 de la red de rutas ATS de la Región SAM y evaluación del riesgo como consecuencia de la implantación de la Enmienda 1 a los PANS ATM (FPL), (SAM/RA/02)

Second Workshop/Seminar for the system safety monitoring after the implementation of Version 01 of the ATS route network of the SAM Region and risk assessment following the implementation of Amendment 1 to the PANS ATM (FPL), (SAM/RA/02)

Lima, Perú, 5 al 9 de setiembre de 2011 / Lima, Peru, 5 to 9 September 2011

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*

5. Dirección oficial /
Official address:

6. Tel.: _____

Fax: _____

E-mail: _____

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

Vuelo de llegada, fecha, hora /
Arrival flight, date, hour:

Vuelo de salida, fecha, hora /
Departure flight, date, hour:

Firma /
Signature:

Fecha /
Date:



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.

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).



INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

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.

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 Aviation Training Directory of ICAO, 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.
 Form 602
 (Rev. 8/10)
 Page 2 of 8

**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)

- UNDP Country Programme Project No.: _____ Post No.: _____
- UNDP Regional Programme Project No.: _____
- UNDP Interregional Programme Project No.: _____
- 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

Form 602
(Rev. 8/10)
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**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): _____ Telephone _____ E-mail _____ | | |
| 5. Name and address of person to be notified in case of emergency (other than the government authorities): _____ Telephone _____ E-mail _____ | | |
| 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 | | |
| | | | | | |

Form 602
(Rev. 8/10)
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**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/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

**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 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

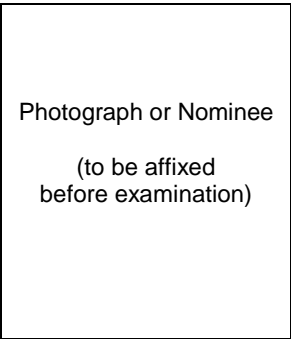
Date: _____

Signature of examiner

Name: _____
(type or print)

AFFIX OFFICIAL SEAL OR STAMP

*Delete that which is not applicable



**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 |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |

Additional comments by Medical Practitioner:

Date: _____

Signature of Medical Practitioner

*Delete that which is not applicable

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

**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 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 | | |
| Type of license to be trained for: | | Other: | | | |
| Initial <input type="checkbox"/> | | PP <input type="checkbox"/> | | | |
| 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 | | 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: _____ | | |

**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 - Slender Medium Heavy Obese

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

| | | | | | | | | |
|-----------|---------|----|----------------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| Right ear | Hearing | | Audiometry | | | | Normal | Abnormal |
| | cv | wv | 500 | 1000 | 2000 | 3000 | | |
| ft | ft | | dB loss <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Colour vision | |
| ft | ft | | dB loss <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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

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