



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

LT 2/3A.31
LN 3/24.1-SA439

Lima, 25 August 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
Mr. Peter Cerdá, IATA Director Safety, Operations & Infrastructure, the Americas & Atlantic
Mr. Manuel Góngora, IATA LATAM/CAR
Mr. Raul Octaviano de Sant'Anna, CARSAMMA
Ms. Carole Couchman, Regional Officer, IFALPA HQ
Mr. Alex Figuereo Executive Vice President, IFATCA

Subject: **Regional Project RLA/06/901 – Eighth Workshop/Meeting of the ICAO SAM Implementation Group (SAM/IG/8) - Lima, Peru, 10 to 14 October 2011.**

Actions
required:

- a) **Take note and nominate participants before 16 September 2011**
- b) **Prepare and send this Regional Office documentation for the meeting before 20 September 2011**

Sir,

I have the honour to inform you that the Eighth Workshop/Meeting of the ICAO South American Region Implementation Group (SAM/IG/8) has been programmed to be held at the ICAO SAM Regional Office premises, in Lima, Peru, from 10 to 14 October 2011, 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.*

To this end, the workshop/meeting will follow-up on the activities scheduled in the action plans for the implementation of the ATS routes network optimization programme and of PBN in the SAM Region, expecting that States present information on the progress made with tasks assigned in the RNAV5 implementation programme, as well as on their action plans for the implementation of PBN in terminal and approach areas.

In addition, the meeting will examine the progress achieved in topics related with the RNAV and RNP operational and airworthiness approval of the fleet operating in the SAM Region, and will verify its level of approval; the status of implementation of the activities established in the action plan for ATFM implementation; the status of implementation of the action plans for AMHS interconnection, the new REDDIG II digital network and the interconnection of automated systems; and of the new flight plan format.

For a further analysis of the matters to be dealt with during this event, I am pleased to attach a Draft Agenda and Explanatory Notes (**Attachment A**). I will highly appreciate your comments or agreement with the same. I am also attaching information paper IP/01, (**Attachment B**), which contains general information on the event, and the participants registration form (**Attachment C**).

I am therefore pleased to invite your administration to participate in this Workshop/Meeting, communicating me the list of your representatives not later than **16 September 2011**, keeping in mind the following considerations:

Since the agenda items require participants familiarized with its management, their profile is of utmost importance and should correspond to the appropriate authority levels and the referred areas, including:

- a) Air Traffic Management (ATM) authorities, planners and experts from Civil Aviation Administrations and ATS Services Providers, directly involved in the optimization of routes, SID and RNAV STAR implementation under PBN concept, ATFM implementation, and ATM Automation;
- b) Authorities and experts in planning, installation and maintenance of Communications, Navigation, and Surveillance Systems, with wide experience in implementation and maintenance of automated systems, such as radar data processors, flight plans, and digital communication networks;
- c) Experts in Regulations on Operations and Airworthiness, directly involved in the optimisation of routes, SID and STAR RNAV implementation under PBN concept;
- d) Directors, pilots, Operations and Airworthiness experts, flight dispatchers and maintenance personnel from commercial, general and military aviation operating in the SAM Region.

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 two fellowships 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;
- c) Own resources of your administration, in the lack of any of the previous alternatives.

For participants who require a fellowship, the ICAO fellowship nomination form is also attached (**Attachment D**), and must be completed and submitted to this Office as soon as practicable.

I will highly appreciate if your administration submits before **20 September 2011** those documents on the agenda items that may wish to present, in order to have sufficient time for their translation and edition. The documentation received after this date, should be prepared in both languages by the administration that presents it.

Information papers will be presented in its original language only, unless their authors facilitate translated versions.

The documentation of the Workshop/Meeting as well as working and information papers will be published in the ICAO SAM Office website: <http://www.lima.icao.int>. No documentation is foreseen for distribution during the event; therefore, it is recommended that participants bring a lap-top, or print the related documentation. The event will be carried out in Spanish and English, with simultaneous interpretation services.

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer
Regional Director
ICAO South American Office
Lima

Enclosure

As indicated

cc.: Mr. Philippe Guivarch/DSNA, French Guiana
Mr. Daniel Madiot, Chef du SNA (ai) aux Antilles et en Guyane (France)
Mr. Falisie J. Pinas, B. Tech., Minister of Transport, Communication and Tourism, Suriname
Mr. Etienne L. Fernandes, Airworthiness Authority, Acting Director, Civil Aviation Safety
Authority Suriname (CASAS), Suriname
C/FOS

ATTACHMENT A

EIGHTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP (SAM/IG/8) (Lima, Peru, 10 to 14 October 2011)

DRAFT AGENDA

- Agenda Item 1: Follow up to conclusions and decisions adopted by SAM/IG meetings
- Agenda Item 2: Optimization of the ATS routes
- Agenda Item 3: Implementation of performance-based navigation (PBN) in the SAM Region
- Agenda Item 4: Standards and procedures for performance-based navigation operations approval
- Agenda Item 5: Air Traffic Flow Management Implementation (ATFM) in the SAM Region
- Agenda Item 6: Assessment of operational requirements in order to determine the implementation of communications and surveillance (CNS) capabilities improvement for en-route and terminal area operations
- Agenda Item 7: Operational implementation of new ATM automated systems and integration of the existing systems
- Agenda Item 8: Implementation of the new flight plan format
- Agenda Item 9: Other business

EXPLANATORY NOTES

Agenda Item 1: Follow up to conclusions and decisions adopted by SAM/IG meetings

The Meeting will start its activities carrying out a review to the status of application of conclusions and decisions adopted during the seventh Workshop/Meeting of the SAM Implementation Group (SAM/IG/7), as well as to the valid conclusions and decisions from previous SAM/IG meetings.

Agenda Item 2: Optimization of the ATS routes

The Meeting will make a follow-up to the activities scheduled in the SAM ATS Routes Network Optimization Programme Action Plan, updated during SAM/IG/7 and the third Workshop/Meeting on ATS Routes Network Optimization for the SAM Region (SAM ATSRO/3). In addition, the Meeting will analyze the information that SAM/RA/2 meeting identified on the dangers after the implementation on March 2011 of the ATS routes network for the South American Region, Version 1, as well as the safety risk management, and also take note of the information to be included in the regional safety library.

Agenda Item 3: Implementation of performance-based navigation (PBN) in the SAM Region

The Meeting will examine the RNAV-5 en-route PBN action plan updated during SAM/IG/7, will evaluate the progress achieved thus far, as well as the regional actions adopted for its implementation, and will verify whether all tasks scheduled with the aim of complying with the RNAV-5 implementation date approved by SAM/IG/7, i.e. 20 October 2011, have been developed. In addition, States will be able to present information on their progress in the tasks assigned to duly comply with the RNAV-5 implementation programme.

Agenda Item 4: Standards and procedures for performance-based navigation operations approval

Under this agenda item, the Meeting will review the progress made in the number of aircraft and users approved for RNAV 5 operations in the Region, on the basis of the information States sent to CARSAMMA (Form F5). In addition, the Meeting will follow-up on the progress made in the implementation of the RAIM availability prediction programme in support of PBN implementation in the Region.

Agenda Item 5: Air Traffic Flow Management Implementation (ATFM) in the SAM Region

The Meeting will review the implementation status of the activities established in the action plan for ATFM implementation in SAM airports, examined during SAM/IG/7. In addition, it will analyze the main factors affecting ATFM implementation in the States of the Region, such as lack of personnel, appropriate training, automation tools, as well as the difficulties encountered in the carrying out of the pre-operational and operational implementation phase. In addition, it is expected that the Meeting define the names of the *Improve demand and capacity balancing* and *Flexible use of airspace* project coordinators of the GREPECAS ATFM Programme.

Agenda Item 6: Assessment of operational requirements in order to determine the implementation of communications and surveillance (CNS) capabilities improvement for en-route and terminal area operations

The Meeting will analyze the implementation status of the activities taken under consideration in the action plan for AMHS interconnection in the SAM Region, updated by SAM/IG/7 meeting. It will also analyze the progress made on the study for a new REDDIG II digital network, on the oceanic and continental ground air data link implementation plan for the SAM Region, the regional guide for GBAS implementation, the DME/DME coverage calculations to support RNAV-5, the guidelines for the operational implementation of ADS B, and will take note of the progress in the implementation of CNS systems on the basis of the SAM States' national plans for CNS improvements.

Agenda Item 7: Operational implementation of new ATM automated systems and integration of the existing systems

The Meeting will review the implementation status of the automated systems interconnection, as a follow-up to the action plan for the interconnection of the automated systems in the SAM Region, updated during SAM/IG/7. In addition, the Meeting will examine and approve any new Memoranda of Understanding (MoU) for the interconnection of automated systems between adjacent ACCs in the Region.

Agenda Item 8: Implementation of the new flight plan format

The Meeting will follow-up on the activities for the implementation of the new flight plan format scheduled in the action plan drafted in this respect for the SAM Region, and updated by SAM/IG/7. Particularly, it will review the activities carried out by States in the updating of documentation, as well as the publishing of information necessary for the implementation of the amendment, safety assessment, the implementation of the changes required in the AFTN/AMHS systems and flight plan processors, and the development of a training programme.

Agenda Item 9: Other business

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

TENTATIVE WORK PROGRAMME

Hour	Monday 10 October 2011	Hour	Tuesday 11 October 2011	Wednesday 12 October 2011	Thursday 13 October 2011	Hour	Friday 14 October 2011
0830 0900	Registration of participants	0930 1030	Review of Agenda Item 5	Ad-Hoc Groups	Ad-Hoc Groups	0900 0930	Report Review
0900 0915	- Meeting with Heads of Delegation - Opening of the Event						
0915 0930	<i>Coffee break</i>	1030 1045	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	0930 1000	<i>Coffee break</i>
0930 1230	Review of Agenda Items 1 and 2	1045 1215	Review of Agenda Item 6	Ad-Hoc Groups	Ad-Hoc Groups	1000 1130	Report Approval
1230 1315	<i>Coffee break</i>	1215 1300	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	1130 1200	Closing of the Workshop/Meeting
1315 1400	Review of Agenda Item 3	1300 1400	Review of Agenda Item 7	Ad-Hoc Groups	Review of Agenda Item 8		
1400 1500	Review of Agenda Item 4	1400 1500	Review of Agenda Items 8 & 9	Ad-Hoc Groups	Plenary Review of Ad-Hoc Groups Reports		



ATTACHMENT B

GENERAL INFORMATION

(Presented by the Secretariat)

1. Place and date of the event

The Eighth Workshop/Meeting of the SAM Implementation Group (SAM/IG/8) will be held at the ICAO SAM Regional Office premises, in Lima, Peru, from 10 to 14 October 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, 10 October 2011, from 09:00 to 09:15 hrs, at the ICAO SAM Office's conference room.

4. Languages and documents

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

5. 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 C of the convening letter).

On Monday 10 October, the registration will be verified at the registration desk, from 08:30 to 09:00 hrs. Participants are requested to use the badges that will be supplied to them during registration.

6. **Temperature**

Temperature in Lima during the month of October varies from 16°C to 24°C. The average humidity is of 90% approximately.

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
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CMV Servicio Ejecutivo	Tel: +511 422-4838 E-mail: cmv@exalmar.com.pe
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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:**

A list of hotels located close to the Regional Office may be found at the ICAO SAM Office website: www.lima.icao.int. Foreign passengers are exempted of 19% sales tax (IGV), subject to presentation of the passport during check-in.

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/ 2.75 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, RO/ATM.....	99350-8660
(cfigueiredo@lima.icao.int)	
Mr. Onofrio Smarrelli RO/CNS.....	3720267
(osmarrelli@lima.icao.int)	
Mr. Roberto L. Arca, Security Officer.....	99831-5523
(rlarca@lima.icao.int)	
Mr. Jorge Fernández, Adviser	
(jfernandez@lima.icao.int)	224-9007

14. **Electricity**

220 Volts/60Hz.

15. **Airport tax**

Exit airport tax is US\$ 31.00 American Dollars.

16. **Information on safety and protection**

Upon any emergency situation, kindly call the Security Officer of the ICAO South American Office, Mr. Roberto Arca: 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.

17. **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



ADJUNTO C / ATTACHMENT C



ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL
INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

OCTAVO TALLER/REUNIÓN DEL GRUPO DE IMPLANTACIÓN SAM (SAM/IG/08)
EIGHTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP (SAM IG/08)

Lima, Perú, 10 al 14 de Octubre de 2011 / Lima, Peru, 10 to 14 October 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 /

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:*

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

8. Información de vuelo/
Flight information:

Vuelo 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.

Please see reverse side for additional information

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.

**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. With respect to the nominee'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

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:
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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		Degree /Diploma acquired
		from	to	

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		

**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

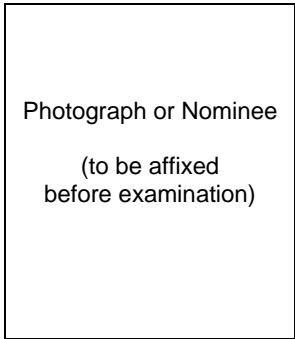
Date: _____

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)

