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航空组织

When replying please quote:

Ref.: NT-NT 8-2; NT- NS 2-35 — **EMX0079**

7 February 2014

To: States, Territories and International Organizations

Subject: **Invitation to the ICAO End-User and Technical Courses on the European Coordination Centre for Accident and Incident Reporting Systems (ECCAIRS) (Mexico City, Mexico, 17 to 21 March 2014)**

Action  
Required: Register participation by **3 March 2014**

Sir/Madam:

In accordance with the 2013-2016 Activities Plan of the Regional Technical Cooperation Project for the Caribbean Region – *Implementation of the Performance Based Air Navigation Systems for the CAR Region (RLA/09/801)*, I have the honour to invite your Administration/Organization to participate in the subject ICAO ECCAIRS Courses, which will be held at the ICAO NACC Regional Office, Mexico City, Mexico, from 17 to 21 March 2014. The courses will be conducted in English and Spanish with simultaneous interpretation.

ECCAIRS is a set of tools developed and designed by the European Commission to capture, store and analyze accident, incident and occurrences data based on the ICAO taxonomy. The courses support key ICAO State Safety Programme (SSP) and Safety Management Systems (SMS) elements for States to collect, analyze and exchange safety data.

These courses are designed for personnel from civil aviation authorities whose responsibilities are the exchange and analysis of operational safety data to provide training on use of the ECCAIRS software in relation to the ICAO Accident/Incident Data Reporting System (ADREP).

Please note that these courses require a designated audience; therefore, nomination of each delegate must meet the requested profile and comply with the necessary equipment as described in the **Attachment A**.

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The training activity is divided into two simultaneous sessions:

- **ICAO End-User Course on ECCAIRS:** (five days) is designed for users that will be inputting safety data into the system and/or interrogating the system for the purpose of analyzing or exchanging safety data
- **ICAO Technical Course on ECCAIRS:** (four days) is designed for those who will install, configure and administer the ECCAIRS programme

It is an essential requirement for the participants to have a personal computer (laptop) with full administrator access rights. For more information about the courses, please refer to Attachment A.

General information is available at the “*Visiting our Office?*” Section of the ICAO NACC Regional Office website: [www.icao.int/NACC/Pages/visitors\\_info.aspx](http://www.icao.int/NACC/Pages/visitors_info.aspx)

I am pleased to inform your Administration that this event is offering one fellowship to each Project RLA/09/801 member as described in **Attachment B**.

You are kindly requested to complete and return the Registration Form at **Attachment C** for each participant by e-mail by **3 March 2014**.

If you require any further information regarding the events, please contact Mr. Eduardo Chacin, Regional Officer, Flight Safety (echacin@icao.int) or his assistant, Ms. Leslie Gandara (lgandara@icao.int).

Accept, Sir/Madam, the assurances of my highest consideration.

A digital signature in black ink is overlaid on a blue circular stamp. The stamp contains the text 'Firma Digital' on the left and 'Digital Signature' on the right. The center of the stamp features the ICAO logo and the text 'ICAO - OACI - ICAO'.

Loretta Martin  
Regional Director  
North American, Central American and  
Caribbean (NACC) Regional Office

**Enclosure:**

- A – Requirements for Participants*
- B – Fellowship Information*
- C – Registration Form*
- D – Nomination Form*

**ATTACHMENT A****ICAO ECCAIRS END-USER AND TECHNICAL COURSES****1. END-USER COURSE****1.1 Content**

This ICAO ECCAIRS End-User course is designed for those users that will be inputting safety data into the system and/or interacting with the system for the purpose of analyzing or exchanging safety data.

The participant will be provided with a general introduction to the ECCAIRS taxonomy as well as practical experience with various ECCAIRS tools.

**1.2 Target audience**

Accident / safety investigators, safety specialists and administrative assistants that will enter or extract ECCAIRS data.

**1.3 Prerequisites**

Good understanding of and experience with one or more of the following concepts: occurrence/event reporting, concepts of safety management, and/or safety data analysis.

Good understanding of the Microsoft Windows operating system and Microsoft Office products is recommended.

**1.4 Course duration**

Five days of classes including the workshop activities.

**1.5 References**

European Coordination Centre for Aviation Incident Reporting System (ECCAIRS)  
<http://eccairsportal.jrc.ec.europa.eu/>

ICAO ADREP Accidents/Incidents Reporting System

**1.6 Necessary equipment**

Each student must provide their own personal computer (laptop) for training. Sharing is acceptable up to a maximum of two students per computer.

The minimum specifications for course hardware requirements are:

- 2GB RAM
- 250 MB of available disk space for ECCAIRS software
- Windows Family operating system ( XP with Service Pack 3, Vista, or 7)
- **PC must have administrative access rights** (i.e.: User must be able to install software and add user accounts).
- Microsoft Net Framework 4 or above

## **2. TECHNICAL COURSE**

### **2.1 Content**

Designed for those who will install, configure and administer the ECCAIRS environment and system administrators and/or IT Support staff that will support ECCAIRS as well as “power users” with a good understanding of operating systems and software installation.

### **2.2 Target audience**

IT Administrators and/or officers - “power users”

Not suited for accident investigators, office clerks

### **2.3 Prerequisites**

Reasonable understanding of Technology Information, in particular the field of software architecture, databases, etc.

Good understanding of the Microsoft Windows operating system

### **2.4 Course duration**

Four days of classes.

### **2.5 References**

European Coordination Centre for Aviation Incident Reporting System (ECCAIRS)  
<http://eccairsportal.jrc.ec.europa.eu/>

ICAO ADREP Accidents/Incidents Reporting System

### **2.6 Necessary equipment**

Each student must provide their own personal computer (laptop) for training. Sharing is acceptable up to a maximum of two students per computer.

The minimum specifications for course hardware requirements are:

- 2GB RAM
- 250 MB of available disk space for ECCAIRS software

- Windows Family operating system ( XP with Service Pack 3, Vista, or 7)
- **PC must have administrative access rights** (i.e., user must be able to install software and add user accounts)
- Microsoft .Net Framework 4 or above

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## APPENDIX B

## PROJECT RLA/09/801 FELLOWSHIP INFORMATION

In accordance with the 2013-2016 Activities Plan of the Regional Technical Cooperation Project for the Caribbean Region – *Implementation of the Performance Based Air Navigation Systems for the CAR Region (RLA/09/801)*, I am pleased to inform you that this event is offering one fellowship to each Project Member<sup>1</sup>.

Considering the above, your Administration is invited to propose a candidate for award of a *fellowship as soon as possible*. The fellowship includes daily subsistence allowance (DSA) to cover lodging and expenses; your Administration shall provide the candidate with the air ticket to/from Mexico City, Mexico, and ensure that the candidate has the necessary travel documents, vaccinations, and visa prior to departure.

Regarding fellowships offered to the Eastern Caribbean States through ECCAA, please note that the candidate appointment decision should be made between your Administration and ECCAA. Once coordination has been completed, the nomination form of the candidate representing the Eastern Caribbean States **should be sent to this Regional Office by ECCAA**.

Please provide confirmation as to whether your Administration is interested in proposing a fellowship candidate to attend the the ICAO End-User and Technical Courses on European Coordination Centre for Accident and Incident Reporting Systems (ECCAIRS) as soon as possible. You should return the Fellowship Nomination Form (**Attachment D**) duly completed to this Regional Office by **24 February 2014**.

A fellowship form must be completed for each nominee. All pages must be completed, including your Administration's signature and seal (page 2), as well as the doctor's signature who performs the medical examination on the medical portion of the form (page 6). Submit the Fellowship Nomination Form to the e-mail addresses provided below:

**ICAO NACC Regional Office**

Mr. Julio Garriga

Regional Officer, Technical Cooperation

Ms. Claudia López

Technical Cooperation Associate

[icaonacc@icao.int](mailto:icaonacc@icao.int); [jgarriga@icao.int](mailto:jgarriga@icao.int); [clopez@icao.int](mailto:clopez@icao.int);

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<sup>1</sup> *RLA/09/801 Project Member States are: Bahamas, Barbados, Cuba, Curaçao, Dominican Republic, Haiti, Jamaica, Mexico, OECS States through ECCAA (Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines), Trinidad and Tobago and Central American States through COCESNA (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua).*



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: \_\_\_\_\_

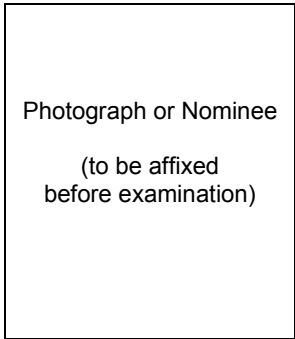
\_\_\_\_\_  
Signature of examiner

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)