**NGAP Partnership Form**

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| --- | --- |
| Organization: |  |
| NGAP Accountable Manager/Point of Contact | Name: |
| Title: |
| Contact Information (email, telephone, fax, etc.) |
| Best Practices | Is your Organization involved in any of the following activities; and if so, could you please share your best practices?* Promotion of NGAP in primary, secondary and/or tertiary education institutions
* Promotion of NGAP in partnership with other Stakeholders
* Collection of NGAP relevant data

For each best practices, please provide a link to the appropriate website.Do you authorize ICAO to include these links on its website?* Yes

Do you authorize ICAO to include your organization’s logo on the NGAP website?* Yes
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| Resources | Is your organization willing to provide resources to ICAO to support the NGAP initiatives?* Human Resources
* Financial Resources
* Data
 |
| NGAP Issues(Optional) | Will your Organization/State experience a shortage of aviation professionals in the following domains: |
| * Pilots
 | * Yes
* No
* Don’t know
 |
| * Controllers
 | * Yes
* No
* Don’t know
 |
| * Maintenance Personnel
 | * Yes
* No
* Don’t know
 |
| * Airport Personnel
 | * Yes
* No
* Don’t know
 |
| * Cabin Crew
 | * Yes
* No
* Don’t know
 |
| * Inspectors
 | * Yes
* No
* Don’t know
 |
| Signature and title of Manager Responsible for NGAP issues |  |