

**INTERNATIONAL SEABED AUTHORITY
AUTORITE INTERNATIONALE DES FONDS MARINS**



ISA/GSR Training Programme 2018

NOMINATION FORM

Instructions:

The Nomination Form is to be completed by a senior official of the nominating Government and forwarded directly to the International Seabed Authority, with the Application Form completed by the candidate. Advanced copies may be sent by fax (+1 876 922-0195) or by email (training@isa.org.jm). All nominations must be received by the application deadline.

I _____
(Print name of responsible official) (Exact designation/title of the responsible official)

Nominate _____
(Candidate's surname, given name, middle name)

On behalf of the Government of _____
(Name of Country)

as a candidate for the GLOBAL SEA MINERAL RESOURCES NV (GSR) Training Programme :

(Insert Training Programme here)

Explain briefly how the expert qualifications acquired as a result of the training programme will benefit the nominating Government:

And I certify that the nominating Government gives the following assurances:

1. All information supplied by the candidate is complete and correct;
2. The candidate will be made available at the time and for the period required for the training;
3. The candidate will be placed on leave of absence with pay for the duration of the period of the training (if possible);
4. Upon successful completion of the training, the candidate will be appropriately employed in their professional capacity or in a related field;
5. Should the candidate's language qualification prove to be insufficient or should the candidate's state of health not correspond to the examining physician's statement, the nominating Government will accept the responsibility for the consequences and any costs arising therefrom; and
6. The candidate will conduct himself/herself in a manner compatible with his/her status as a participant and will refrain from engaging in any political and commercial activities.

Name of Nominating Authority:

Address of Nominating Authority:

Signature of Nominating Official:

Position/Title of Nominating Official:

(AFFIX OFFICIAL SEAL OR STAMP)

Date: _____

Tel: _____ Fax: _____ Email: _____