



**IOM**

**TRAINING PROGRAMME**

**NOMINATION FORM**

**Instructions:**

The Nomination Form is to be completed by a senior official of the nominating Government or Institution and forwarded directly to the International Seabed Authority by email ([training@isa.org.im](mailto:training@isa.org.im)) or by fax (+1 876 922-0195).

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/Institution

\_\_\_\_\_  
(Name of Country and/or Institution)

as a candidate for the **IOM Comprehensive Multidisciplinary Training Programme:**

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

- (a) All information supplied by the candidate is complete and correct;
- (b) The candidate will be made available at the time and for the period required for the training;
- (c) The candidate will be placed on leave of absence for the duration of the period of the training (if possible);
- (d) Upon successful completion of the training, the candidate will be appropriately employed in their professional capacity or in a related field;
- (e) The International Seabed Authority accepts no responsibility for the medical and life insurance of the trainee or financial and any other responsibilities arising from injury, illness, missing or death that may occur to the trainee during the training period.

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: \_\_\_\_\_