



ISA | Ifremer
2017 INTERNSHIP TRAINING PROGRAMME
NOMINATION FORM

Instructions:

The Nomination Form is to be completed by a senior official of the nominating Government or Institution and sent to the International Seabed Authority by email (training@isa.org.jm).

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 **ISA / Ifremer Internship 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 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:

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Signature of Nominating Official:

—

Position/Title of Nominating Official:

Click here to enter text.

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(AFFIX OFFICIAL SEAL OR STAMP)

Date: _____

Tel: ___ Click here to enter text. _____ Fax: Click here to enter text. _

Email: _____