



# Internship Programme

## NOMINATION FORM

### **Instructions:**

The Nomination Form is to be completed by a senior official of the nominating Government or institution, and could be forwarded by the candidate, together with his/her completed Application Form, to the International Seabed Authority at [training@isa.org.jm](mailto:training@isa.org.jm) or faxed to: **+1-876-967 7487**.

I \_\_\_\_\_, nominate \_\_\_\_\_  
(Print name of responsible official) (Candidate's surname, given name, middle name)

as a candidate for the International Seabed Authority Internship Programme.

**(Recommendations)**  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Name of Nominating Government Authority or Institution**

\_\_\_\_\_  
**Signature of Nominating Official:**

\_\_\_\_\_  
**Position/Title of Nominating Official:**

\_\_\_\_\_  
**(AFFIX OFFICIAL SEAL OR STAMP, if any)**

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_