



**ISA | Marawa  
2024 Deep Dive Training Programme**

**NOMINATION AND RECOMMENDATION FORM**

**Instructions:**

This Form is to be completed by an official employer (e.g. nominating Government) of the candidate or senior official at their Educational Institution and uploaded to the candidate's [Application Form](#).

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/Marawa (PMN) 2024 Deep Dive Training Programme**.

And I hereby certify that:

- (a) All information supplied by the candidate is complete and correct;
- (b) The candidate meets the qualification requirements of the training including language proficiency;
- (c) The candidate will be made available at the time and for the period required for the training;
- (d) The candidate will be placed on leave of absence with pay for the duration of the period of the training (if applicable);
- (e) Upon successful completion of the training, the candidate will be appropriately employed in their professional capacity or in a related field (if applicable).

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.

**Nominating Authority's Address:**

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(Address Line 1)

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(City, District/Province)

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(Postal Code, Country)

**Place and Date:**

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**Signature of Nominating Official**

**Tel:** \_\_\_\_\_

**Email (Obligatory):** \_\_\_\_\_

*(Affix Official Seal/ Stamp above, if relevant)*

**Instructions:** To be completed in detail by the Nominating Authority, as identified on page 1.

1. Comments on how this training would relate and/or be of benefit to the candidate's work programme or academic pursuits as it relates to the work of ISA, the effective implementation of UNCLOS and the Part XI Agreement:

2. Comments on how this training would contribute to the advancement of the work of ISA, UNCLOS and the Part XI Agreement:

3. Comments on the skills and capabilities (including linguistic proficiency) of the candidate:

Certification of Nominating Authority as identified on page 1:

**Place and date:** \_\_\_\_\_

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

**Nb:** This nomination and recommendation form contains three (3) pages. All fields must be duly completed and signed, where indicated.

*(Affix Official Seal/ Stamp, if relevant)*