

**ANNEX 7**

**GOVERNMENT NOMINATION FORM  
FOR IMSSEA SHORT COURSES**

**Nomination** (to be completed by a duly authorized officer of the nominating Government)

The Government of \_\_\_\_\_ nominates:

Family name or Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Maiden or other name(s) (if any): \_\_\_\_\_

to study at IMSSEA on the following short course (insert course title and date):

and certifies that:

- (a) this course is necessary for the advancement of the economic or social development or public administration of the country, and, in the case of a fellowship being granted to the applicant, full use would be made of the fellow in the field covered by his or her fellowship;
- (b) all information supplied by the nominee is complete and correct;
- (c) the nominee has an adequate working knowledge of English, which has been appropriately tested;
- (d) the absence of the nominee during his/her studies abroad will not have any adverse effect on his/her status, seniority, salary, pension and similar rights;
- (e) the nominee's salary and benefits will continue to be paid while the nominee is attending the course;
- (f) the nominee has adequate travel and, where applicable, medical insurance coverage to cover his/her his stay in Genoa and return travel to their home country; and
- (g) this administration has allocated funding to pay for the travel and visa costs of our nominated candidate to attend the course, should they be selected to participate.

I the undersigned, \_\_\_\_\_ (Full name in CAPITALS) hereby certify

that I am duly authorized by the said Government to make this nomination and state that:

my title is: \_\_\_\_\_

my office address is: \_\_\_\_\_

my email address is: \_\_\_\_\_

Signed and dated by me at: \_\_\_\_\_ on \_\_\_\_\_



\_\_\_\_\_  
*Signature of authorized official*

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**ANNEX 8**

**PARTICIPANT APPLICATION FORM**

**COURSE ON** \_\_\_\_\_

**Dates:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **2023**

Completed nomination and application forms should be sent by email to the International Maritime Safety Security and Environment Academy (IMSSEA), Genoa, at [applications@imssea.org](mailto:applications@imssea.org) with copy to [martrain@imo.org](mailto:martrain@imo.org) at the International Maritime Organization. Original documents should be sent directly to IMSSEA by post.

Nominations **must be received** by the Academy **not later than the deadline specified in the course section on the IMSSEA website ([www.imssea.org](http://www.imssea.org))**, using a separate form for each nomination, clearly indicating the Government's priority if more than one participant is nominated.

**NB: DUE CARE SHOULD BE TAKEN WHEN COMPLETING THE APPLICATION FORM. ILLEGIBLE, INCOMPLETE, UNSIGNED OR UNSTAMPED FORMS WILL BE REJECTED.**

**Candidate Information** *(to be completed by the candidate)*

**Personal details**

1 Family name or Surname: \_\_\_\_\_  
First name(s): \_\_\_\_\_  
Middle name(s): \_\_\_\_\_  
Maiden or other name(s) (if any): \_\_\_\_\_

2 Place of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Sex: Male  Female  Marital status: Single  Married

3 Passport Number: \_\_\_\_\_ Country of issue: \_\_\_\_\_  
Place of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

4 Work address: \_\_\_\_\_ Work telephone: \_\_\_\_\_  
Mobile telephone: \_\_\_\_\_  
Work email: \_\_\_\_\_

**Emergency contact details**

5 Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Language skills** (list your mother tongue first)

6	Read			Write			Speak			
	Language	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other courses attended in the last three years** (list most recent first)

7	Year	Subject	Country	Duration

**Secondary and tertiary education** (list most recent first)

8	Name of Institution	Location	Years of Study	Subject(s)	Qualification(s)

9 Have you studied at WMU and/or IMLI? Yes  No

If you studied, which year did you graduate? \_\_\_\_\_

10 **Employment** (for each post, please provide full details, including duties and responsibilities)

**A Current post:** Job title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Government  Private  NGO

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Main duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B Previous post:** Job title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Government  Private  NGO

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Main duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C Previous post:** Job title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Government  Private  NGO

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Main duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11 **Expected outcomes** (Please describe below how this course will help you in your work following your return home, and indicate the opportunities which you will have to transmit the knowledge gained to your colleagues)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12 **Declaration and undertaking**

I certify that the information I have provided in this application is true, complete and correct to the best of my knowledge. If selected, I undertake to:

- conduct myself at all times in a manner compatible with my status as an international student at IMSSEA as well as a student whose studies are funded by IMO;
- devote and spend the time during the period of the course in studying as directed by IMSSEA and as expected from me as an international student;

- refrain from engaging, during the period between the time of the departure from my home country for participating in the course and the time of my return to my home country after participating in the course, in any political, commercial or any activities other than those which are strictly related and/or covered by the programme of the course;
- undertake any pre-course preparatory studies and/or work; and, prior to the commencement, during and/or after the end of the course, submit reports and/or participate in any assessments and/or evaluations, in accordance with the requirements specified by, and/or arrangements made by, IMSSEA and/or IMO;
- obtain and have in place, at my expense and/or the expense of the nominating authority or my employer, for the period between the time of the departure from my home in my home country for participating in the course and the time of my return to my home in my home country after participating in the course, at all times, adequate travel insurance and, where applicable, medical insurance coverage which shall be valid for all countries which I may be travelling to or from or transiting through and irrespective purpose or reason for the travel or the mode of transport;
- where applicable, bear the cost of all medical expenses in excess of the insurance coverage provided by IMO; and
- return, as soon as practically possible, to my home country after the end of my participation in the course.

Date: \_\_\_\_\_

Signature of candidate: \_\_\_\_\_

\_\_\_\_\_