### **ANNEX 7**

# GOVERNMENT NOMINATION FORM FOR IMSSEA SHORT COURSES

Nominatio	on (to be completed by a du	uly authorized officer of the nor	minating Government)					
The Govern	ment of		nominates:					
Family name	e or surname:							
First name(s	<u> </u>							
Middle name	e(s):							
Maiden or ot	her name(s) (if any):							
to study at II	MSSEA on the following s	short course (insert course titl	le and date):					
and certifies	that:							
(a)	administration of the cou		economic or social development or public lowship being granted to the applicant, full by his or her fellowship;					
(b)	all information supplied	by the nominee is complete a	and correct;					
(c)	the nominee has an actested;	equate working knowledge	of English, which has been appropriately					
(d)		inee during his/her studies a salary, pension and similar ri	broad will not have any adverse effect on ghts;					
(e)	<ul><li>(e) the nomi'ee's salary and benefits will continue to be paid while the nominee is attending th course;</li></ul>							
(f)		ate travel and, where applica a and return travel to their ho	able, medical insurance coverage to cover me country; and					
(g)		allocated funding to pay for t course, should they be select	he travel and visa costs of our nominated ed to participate.					
the unders	igned, (Full name in CAPITALS)		hereby certify					
that I am du my title is:	ly authorized by the said	Government to make this no	omination and state that:					
my office ad	dress is:							
my email ad								
Signed and	dated by me at:	on						
	affix official							
	seal		Signature of authorized official					
		***						

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## **ANNEX 8**

# PARTICIPANT APPLICATION FORM

Dates	s: From:	To:	2024
Safety copy t	Security and Environment Academy (IM	ould be sent <b>only</b> by email to the International ISSEA), Genoa, at <b>applications@imssea.</b> Maritime Organization. Original documents sl	org with
sectio		not later than the deadline specified in the ea.org), using a separate form for each nor e than one participant is nominated.	
ILLEG		HEN COMPLETING THE APPLICATION INSTAMPED FORMS WILL BE REJECTED.	FORM
	Personal details		
	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 sta	Single  Married  tus:	
3	Passport Number:	Country of issue:	
	Place of issue: Date of	f 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:	

	Language ski	<b>ills</b> (list your r	nother ton	gue first)								
6		Read Write						Speak				
	Language	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair		
	English											
	Other cours	ses attended	in the las	t 3 years	(list most re	cent first)						
7	Year		Subject				Cor		Dura	tion		
	Secondary	and tertiary	education	(list mos	t recent first)							
8	Name of In	stitution I	ocation	Years o	of Study	Sı	ıbject(s)		Qualification(s)			
9	Have vou st	udied at WML	J and/or IN	/LI?	Yes	☐ No						
	-											
	ii you studie	d, which year	ala you gi	auuale:				_				
10	Employmen	nt (for each po	ost, please	provide f	iull details, in	cluding du	ties and re	esponsibilities	s)			
A	Current pos	st: Job title:	·									
	From:		To:			Govern	ment [	Private		90 🗆		
	Name of em	ployer:										
	Employer ac	ldress:										
	Name of sup	pervisor:										
	Telephone:					Email:						
	Main duties	and responsil	oilities:									
P	Drovieus	20ti lab 1!1	lo:									
В	Previous po	ost: Job tit										
	From:		To:			Govern	ment L	Private		iO 📙		

Name of employer:									
Employer address:									
Name of supervisor:									
Telephone:				Email:					
Main duties and resp	onsibilities:								
									_
Previous post: Jo	ob title:								
From:	To:			Government		Private		NGO	
Name of employer:									
Employer address:									
Name of supervisor:									
Telephone:				Email:					
Main duties and resp	onsibilities:			_					
Expected outcomes	<b>s</b> (Please descri	be below hou	w this cours	e will help you	ı in yo	ur work fo	llowin	g your r	9
	he opportunities	which you wi	ill have to tra	ansmit the kno	owledg	ge gained	to you	r colleag	IL
home, and indicate th									
									_

#### 12 Declaration and undertaking

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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:	