

Hydroacoustic Training Course for National Data Centers (NDCs) with a Focus on Data Analysis

4 to 6 September 2024

Vienna International Centre, Vienna, Austria

ELIGIBILITY CRITERIA AND PARTICIPANT PROFILE

1. What best describes your role in your home institution (mark all that apply)?

- NDC staff
 Waveform analyst
 Radionuclide analyst
 Station operator
 Other, specify _____

2. Are you an authorized user of IMS data and IDC products?

- No
 Yes, Principal User
 Yes, Regular User
 My SSO account* is _____

* SSO account is the username for accessing the IDC Secure Web Portal (swp.ctbto.org)

REGISTRATION FORM

Please fill out the form electronically. If you use pen, please write legibly in block. Name should be written as it appears in your PASSPORT!

Ms. Mr.

FAMILY NAME		FIRST NAME(S)	
NATIONALITY		DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH
PASSPORT No	ISSUING DATE	EXP. DATE	DEPARTURE CITY
MOBILE (INCL. INT CODE)	WORK PHONE	EMAIL	

CONTACT PERSON IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE)

KNOWLEDGE OF LANGUAGES. What is your mother tongue?

OTHER LANGUAGES	Read		Write		Speak		Understand	
	Easily	Not easily	Easily	Not easily	Fluently	Not fluently	Easily	Not easily
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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT EMPLOYMENT:

From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post
Name, address and phone number of the institution/employer		Type of business
BRIEF DESCRIPTION OF YOUR DUTIES		

EDUCATION and TRAINING

A. University or equivalent				
Name, place and country	Years attended		Degrees and academic distinctions	Main course of study
	from	To		
B. Relevant professional training				
Name, place and country	Type	Years attended		Certificates or diplomas obtained
		From	to	

DIRECTOR OF INSTITUTION
(Name, date, signature)

CANDIDATE
(Date, signature)

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This Registration Form must be returned through the appropriate country's Permanent Mission in Vienna or Ministry of Foreign Affairs **by latest 22 March 2024**, in order for a candidate to be considered for the programme. Please send to:

Capacity Building and Training Section (IDC/CBT)
CTBTO Preparatory Commission
P.O. Box 1200, A-1400
Vienna, Austria
Tel: +43 1 26030 6132
Email: training@ctbto.org

However, pending the official nomination, participants may email the registration form upon its approval by a director of the institution, to allow timely travel and accommodation arrangements by the PTS.

Each participant is responsible for obtaining his/her own visa to AUSTRIA, upon receipt of an official Acceptance Note Verbale from the Provisional Technical Secretariat.