



***NDC Advanced Training on Infrasound Data Analysis***

***Bruyères-le-Châtel, France***

***from 23 to 27 September 2024***

 **REGISTRATION FORM**

**Please, write legibly since this information will be used for all correspondence. Name should be written as it appears in your PASSPORT!**

**Ms. Mr.**

**FAMILY NAME FIRST NAME (S)**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **NATIONALITY** | **DATE OF BIRTH (DD/MM/YY)** | **PLACE OF BIRTH** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PASSPORT No** | **ISSUING DATE AND PLACE** | **EXPIRING DATE** | **DEPARTURE AIRPORT (CITY)** |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **NAME OF INSTITUTION** | **STREET, NUMBER** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **CITY** | **POST CODE** | **COUNTRY** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **PHONE (INCL. INT CODE)** | **FAX (INCL. INT CODE)** | **EMAIL** |
|  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |

**STATION NAME (for station operator)**

|  |  |  |
| --- | --- | --- |
|  |  |  |

 **NDC staff Waveform *SM/SO* Radionuclide *SM/SO***

**KNOWLEDGE OF LANGUAGES. What is your mother tongue?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Read** | **Write** | **Speak** | **Understand** |
| **OTHER LANGUAGES** | **Easily** | **Not easily** | **Easily** | **Not easily** | **Fluently** | **Not fluently** | **Easily** | **Not easily** |
| **ENGLISH \*** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\* Obligatory to mark your level of proficiency

**EDUCATION and TRAINING**

|  |
| --- |
| **A. University or equivalent** |
| Name, place and country | Years attended | Degrees and academic distinctions | Main course of study |
|  | from | To |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **B. Schools or other formal training or education during last three years *(e.g. high school, technical school or apprenticeship)*** |
| Name, place and country | Type | Years attended | Certificates or diplomas obtained |
|  |  | From | to |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EMPLOYMENT RECORD**: Your present post and previous post. Use a separate block for each post.

|  |  |  |
| --- | --- | --- |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name of employer | Type of business |
| BRIEF DESCRIPTION OF YOUR DUTIES |
|  |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name of employer | Type of business |
| BRIEF DESCRIPTION OF YOUR DUTIES |

#### DIRECTOR OF INSTITUTION CANDIDATE

(Name, date, signature) (Date, signature)

|  |  |  |
| --- | --- | --- |
| ............................................................ | ........................................................ |  |

This Registration Form must be returned through the appropriate country’s Permanent Mission in Vienna or Ministry of Foreign Affairs **by latest 5 June 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
Vienna International Centre
P.O.Box 1200
1400 Vienna, Austria
Tel.:+43 1 26030 6484
Email: training@ctbto.org

However, pending its official transmission, the filled Registration Form should be sent directly to the above address **no later than 5 June 2024**, as e-mail attachment, by fax or by post, in order not to delay the preparation by CTBTO for the candidate’s participation.

**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.**