



International Civil Aviation Organization Nomination Form

Training activity title: Risk Management Workshop Dates: 14 – 18 June 2021

Training Activity Location: Aviation Security Training Centre (ASTC) Auckland, New Zealand (Virtual-classroom)
10am to 4.30pm daily, New Zealand time (GMT+12)

PART 1 (PLEASE PRINT)

Nominee's Name: _____
(Surname) (First name) (Middle name) Sex M F

Mailing address: _____

Phone # with country code: _____

E-mail address: _____

Fax # with country code _____

Aviation background (check correct one):

- CAA (State or Regulatory) Airport Airline Ground services
 Catering company Cargo Mail Aviation Security consultant

Law enforcement or security background (check correct one):

- Private security Military Police Other: _____

AVSEC Background:

No. of years operational experience: _____

Duties: _____

1. Current Job Title: _____ No. of Years: _____

Supervisor's name and email address: _____

Brief description of daily duties and responsibilities: _____

No. of staff supervised as part of your duties: _____

2. **AVSEC training courses completed:** (local, regional or international)

Title of course

Year

Nominee's statement

I (*name*) _____ undertake to:

1. conduct myself at all times in a professional manner in keeping with my status as a participant in this training activity;
2. refrain from engaging in political, commercial or other activity detrimental to the host country or ICAO; and
3. participate fully in the training activity, including group discussions, exercises and homework assignments

I hereby acknowledge that:

1. I am capable of writing and speaking in the language in which the training activity will be conducted; and
2. all information I have provided is true and correct.

Nominee's Signature: _____ Date: _____

PART 2 (PLEASE PRINT)

Sponsoring Organization: _____ nominates:

_____ to attend the above mentioned ICAO

(Surname) (First name) (Middle name)

sponsored training activity and in doing so, certifies that:

1. all information provided in this application is verifiable upon request;
2. it will be responsible for costs associated with transport to and from the training activity, lodging, any meals not provided by the Aviation Security Training Centre (ASTC), and other incidental costs;
3. the nominee is medically fit and in possession of medical insurance coverage for any sickness or medical emergency that may arise during the above training activity;
4. the nominee meets any prerequisite for this training activity and/or is part of the "target" population sought by ICAO, as outlined in the invitation letter;
5. the nominee is currently, or will be within the next 90 days, assigned to a position that reflects the objectives of the training activity; and
6. the nominee will arrive for the beginning of the training activity and will be available for the entire event.

(Signature of authorizing authority)

(Printed name of authorizing authority)

(Title of authorizing authority)

(Date)

AFFIX OFFICIAL SEAL OR STAMP