



their national perspectives and within the context of implementation of the Convention.

### **Sponsorship**

5. The Secretariat will sponsor a maximum of 20 participants from Member States. Sponsorship will cover the costs of travel, medical insurance, and accommodation, and will provide a limited subsistence allowance to cover meals and miscellaneous costs. The Secretariat also welcomes the participation of non-sponsored participants at the seminar.
6. Participants are requested to obtain all necessary visas, including transit visas, before travelling to Bangladesh.
7. The seminar will be conducted in English and no interpretation services of any kind will be provided. Participants are therefore expected to have a good command of the English language, both written and oral.

### **Application procedure**

8. Candidates nominated to attend the seminar are invited to complete the application form that is annexed to this Note (in English), making sure to provide all the contact details it requests, including a working email address and phone number. The completed form, together with the supporting documenting (indicated in section 5 of the Annex) and an endorsement from the National Authority or Permanent Representation of the candidate's country to the OPCW (section 6 of the Annex), should be submitted by email to the Director, International Cooperation and Assistance Division, OPCW ([icb@opcw.org](mailto:icb@opcw.org)). The subject line of the message should contain the words "Chemical safety and security management seminar, Bangladesh".
9. All applications must be received by the Secretariat **no later than 8 September 2017**. Additional information may be obtained from the International Cooperation Branch of the International Cooperation and Assistance Division. The contact person is Mr Rohan Perera (Email: [rohan.perera@opcw.org](mailto:rohan.perera@opcw.org)).

Annex:           Application Form

**Annex****SEMINAR ON ADVANCED CHEMICAL SAFETY  
AND SECURITY MANAGEMENT  
DHAKA, BANGLADESH  
18 – 19 OCTOBER 2017****APPLICATION FORM**

Please submit the completed form by email attachment, along with the supporting documentation indicated in section 5,

**no later than 8 September 2017** to:

The Director, International Cooperation and Assistance Division, OPCW  
(Email: [icb@opcw.org](mailto:icb@opcw.org))

1. Before completing this form, applicants should read the guidelines presented in the cover Note to confirm their eligibility.
2. Applicants should complete sections 1 through 4, attach the documents listed in section 5, and sign the form at section 6. The form should then be sent to either their National Authority or to the Permanent Representation of their country to the OPCW, with a request to complete section 7 and/or to provide a letter of support.
3. The National Authority or the Permanent Representation should complete section 7 and forward the form to the International Cooperation Branch of the International Cooperation and Assistance Division OPCW (to the email address [icb@opcw.org](mailto:icb@opcw.org)). The completed form, together with the nominee's supporting documentation, must be received by the Secretariat **no later than 8 September 2017**.

**Please type or use BLOCK LETTERS**

| <b>SECTION 1. PERSONAL AND CONTACT DETAILS</b>   |                               |                                 |      |
|--|-------------------------------|---------------------------------|------|
| Full name of nominee <sup>1</sup>  |                               |                                 |      |
| Home address   |                               |                                 |      |
| Work address   |                               |                                 |      |
| City of departure  |                               |                                 |      |
| Date of birth  | Day                           | Month                           | Year |
| Citizenship  |                               |                                 |      |
| Gender <sup>2</sup>  | Male <input type="checkbox"/> | Female <input type="checkbox"/> |      |
| Passport number  |                               |                                 |      |
| Date of issue  | Day                           | Month                           | Year |
| Date of expiry   | Day                           | Month                           | Year |
| Place of issue   |                               |                                 |      |
| Email address  |                               |                                 |      |
| Telephone numbers, including country and city codes  | Home                          |                                 |      |
|  | Work                          |                                 |      |
|  | Mobile                        |                                 |      |
| <b>SECTION 2. EDUCATION AND TRAINING</b>   |                               |                                 |      |
| Please list each degree or other qualification you have earned, starting with the most recent. |                               |                                 |      |
| Name and location of institution   |                               |                                 |      |
| Main field(s) of study   |                               |                                 |      |
| Dates attended   | From                          | To                              |      |
| Degree or qualification earned   |                               |                                 |      |
| Name and location of institution   |                               |                                 |      |
| Main field(s) of study   |                               |                                 |      |
| Dates attended   | From                          | To                              |      |
| Degree or qualification earned   |                               |                                 |      |
| Name and location of institution   |                               |                                 |      |
| Main field(s) of study   |                               |                                 |      |
| Dates attended   | From                          | To                              |      |
| Degree or qualification earned   |                               |                                 |      |

<sup>1</sup> Please give the first and family names exactly as they appear in the nominee's passport.

<sup>2</sup> For this and all like items, please tick the appropriate box.

**SECTION 3. EMPLOYMENT AND EXPERIENCE**

Area(s) of expertise:

Please list below all posts you have held, starting with the most recent.

|          |      |    |
|----------|------|----|
| Employer |      |    |
| Title    |      |    |
| Dates    | From | To |
| Employer |      |    |
| Title    |      |    |
| Dates    | From | To |
| Employer |      |    |
| Title    |      |    |
| Dates    | From | To |

**SECTION 4. SPONSORSHIP**

Have you received financial or other support from the OPCW, including through participation at any of its events, within the past three years?

Yes  No 

If so, please give details.

Is sponsorship by the Secretariat a condition for participation in the seminar?

Yes  No **SECTION 5. SUPPORTING DOCUMENTATION**

Please attach the following documents to your application:

- an up-to-date curriculum vitae;
- a photocopy of the personal identification pages of your passport.
- a passport-size photograph (in JPEG format);
- a brief, one-paragraph description of your background and practical experience.

Applications without full supporting documentation cannot be accepted.

**SECTION 6. SIGNATURE OF APPLICANT**

Signature: \_\_\_\_\_

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

**SECTION 7. RECOMMENDATION FROM THE NATIONAL AUTHORITY OR THE  
PERMANENT REPRESENTATION**

Signature, with seal or stamp, of an authorised  
representative of the National Authority or of  
the Permanent Representation to the OPCW

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

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