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|  | **WTO APPLICATION FORM** |
| **WTO VIRTUAL WORKSHOP ON IMPORT LICENSING AND NOTIFICATIONS**  |
|  **ZOOM PLATFORM, 27 (English), 28 (French) or 29 (Spanish) SEPTEMBER 2022** |
| **DEADLINE: 14 SEPTEMBER 2022** |

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| **PART I** | **To be completed by the Applicant in ENGLISH (in CAPITAL LETTERS if handwritten)** |

**MANDATORY: ALL THE INFORMATION ASKED IN THIS SECTION AND A PHOTOCOPY OF YOUR PASSPORT**

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|  | **□ Mr** |  | **□ Ms** |

|  |  |
| --- | --- |
| **Surname** |  |
| **Given name** |  |
| **Birth date *day/month/year*** |  |
| **Nationality** |  |
| **Title/Position** |  |
| **Ministry/****Government entity** |  |
| **City** |  |
| **WTO Member** |  |
| **Mobile phone n°** |  |
| **Email addresses\*** | **\* Important:** all communications and documents will be sent by e-mail |

**Higher (university) education**

|  |  |  |
| --- | --- | --- |
| When? | Where? | Title of qualification |
|  |  |  |
|  |  |  |

**Work experience**

|  |  |
| --- | --- |
| Brief description of your current responsibilities  |  |
| On which date did you take up your current functions? |  |
| What was your previous post? |  |

**WTO training undertaken**

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| Have you successfully completed a WTO e-Learning course(s)?If so, which one (with dates)? | **□ YES** If so, which one (with dates)? **□ NO**  |
| Other WTO course(s) undertaken & dates |  |

**What is the objective that you would like to achieve by participating in this activity?**

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**Additional information about the activity**

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| **Background: Preference will be given to nominees having a demonstrated background in import licensing/import control policies and direct responsibility in preparing WTO import licensing notifications. The Organisers reserve the right to select candidates and to decline the candidature of nominees who do not meet these requirements.****Language skills: This activity will be delivered in English (27 September), French (28 September) and Spanish (29 September). Participants are required to have full command of English, French or Spanish. By signing this application form the Applicant and Nominating Authority certify that the Applicant meets this requirement.** |

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| **PART II** | **To be completed by the Nominating Authority** |

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| The Nominating Authority |  |

* Officially nominates:

|  |  |
| --- | --- |
| Name of candidate |  |

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| * **to attend the WTO Virtual Workshop on Import Licensing and Notifications, to be via ZOOM platform, on 27 (English), 28 (French) or 29 (Spanish) September 2022;**
* **confirms that the candidate has policy responsibility and/or a demonstrated background in import licensing and related notification matters, has full command of English, French or Spanish and will be able to successfully and actively participate in the programme; and**
* **is fully aware that this nomination is subject to the decisions of the WTO Selection Committee and to the conditions described in the Annex to this application, which we have thoroughly read and accepted.**
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**Details of the official responsible for nominating this candidate:**

|  |  |
| --- | --- |
| Surname |  |
| Given Name |  |
| Title/Position |  |
| Organization/Entity |  |
| Telephone |  |
| Email address |  |

**By signing this form, the Candidate and the Nominating Authority certify that all the information included is complete and correct**

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| **Date & signature (Candidate)** | **Date, signature & STAMP (Nominating Authority)** |

**ANNEX: CONDITIONS FOR PARTICIPATION IN WTO TECHNICAL ASSISTANCE ACTIVITIES**

**Please note that the WTO Secretariat DOES NOT assume financial or any other responsibility for items not explicitly mentioned in this Note as being covered. This means that the WTO Secretariat assumes NO responsibility for, among others, the following items:**

1. Expenses incurred in connection with the participant's preparations for undertaking the Workshop: VIR22-20.
2. Salaries of the participants during their participation in the Activity.

**I, the undersigned Applicant, declare that I have carefully read this application form**

**and that I accept the aforementioned conditions:**

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| **Date, name, signature of the candidate & stamp** |

**THIS COMPLETED FORM SHOULD BE SUBMITTED BY YOUR PERMANENT MISSION/EMBASSY,**

**WITH A PDF COPY OF YOUR PASSPORT TO THE FOLLOWING EMAIL ADDRESS ONLY,**

**AT THE LATEST BY THE DEADLINE MENTIONNED ON PAGE 1**

**Logistics Unit**

**Institute for Training and Technical Cooperation**

**Email:** **Logistics.unit@wto.org**

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| **INCOMPLETE/ILLEGIBLE FORMS, OR FORMS NOT PRESENTED BY THE PERMANENT MISSION,****OR PRESENTED BY THE PERMANENT MISSION AFTER THE DEADLINE, WILL NOT BE ACCEPTED** |