**NOMINATION FORM**

**« WCO Leadership and Management Development Advisors**

**Pre-accreditation Workshop »**

**12 - 16 December 2022, Brussels, Belgium**

|  |
| --- |
| Please complete, scan and return this form (in both .pdf and .docx formats) together with a scanned copy of candidate’s passport to Ms. Karolyn Salcedo ([Karolyn.Salcedo@wcoomd.org](mailto:Karolyn.Salcedo@wcoomd.org)) and Mr. Giovanni Gaeta ([Giovanni.Gaeta@wcoomd.org](mailto:Giovanni.Gaeta@wcoomd.org)) no later than **21 October 2022** |

**INSTRUCTIONS:**

* To be completed by the Head of Administration nominating the candidate, or with his/her authorization.
* The candidate and the Administration submitting the nomination form must carefully read the attached information about the LMD Advisors Pre-accreditation Workshop.
* A separate form should be used for each candidate nominated.
* Please complete this form in typewritten script.

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**The Customs Administration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifies that:**

(name of the country in capital letters)

* If the candidate successfully completes the workshop, he/she shall be made available to the WCO for a maximum period of 12 weeks over the three years following the workshop in order to deliver activities of the WCO Leadership and Management Development Program.
* All the information provided by the candidate in this form is complete and accurate.
* The candidate has a perfect command of English.

**and nominates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(name of the candidate in capital letters)

| **General Information** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Given name | | : | |  | | | | |
| Family Name | | : | |  | | | | |
| Gender | | : | | Male Female Other | | | | |
| Date of Birth (dd/mm/yy) | | : | |  | | | | |
| Nationality | | : | |  | | | | |
| Title and Function | | : | |  | | | | |
| Business Address (with full street name & number) | | : | |  | | | | |
| Fax and Telephone Numbers (+country code) | | : | | Fax |  | | | |
| Tel |  | | | |
| Mobile |  | | | |
| E-mail address | | : | |  | | | | |
|  | | | | | | | | | | |
| **Travel Information:** | | | | | | | |
| Passport Number | : | | Number | | | |  |
| Date of issue | | | |  |
| Date of expire | | | |  |
| Place of issue | | | |  |
| Departure/Return City | : | | N/A | | | | |
| Name of Airport of Departure/Return | : | | N/A | | | | |
|  |  | |  | | | | |
| *Kindly attach a colour copy of candidate’s passport.* | | | | | | | | | |
|  |  | |  | | | | |
| (Date and Place) |  | | (Signature of the Authorized Official) | | | | |
| Name : | | |  | |
| Title : | | |  | |

**CANDIDATE’S CURRICULUM VITAE**

**INSTRUCTIONS:**

* To be completed by the nominated candidate.
* The candidate and the Administration submitting the nomination form must carefully read the attached information about the LMD Facilitators Accreditation Workshop.
* Please complete this form in typewritten script.
* Please attach a coloured scanned copy of passport.

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1. Family name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. First Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mother Tongue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Language Proficiency:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Read  Very well / Well / Fairly Well | Write  Very well / Well / Fairly Well | Speak  Very well / Well / Fairly Well |
| Spanish |  |  |  |
| French |  |  |  |
| English |  |  |  |
| Other (Specify) |  |  |  |

1. Education:

|  |  |  |  |
| --- | --- | --- | --- |
| Name, place and country of university or equivalent | Degree(s), distinction obtained | From (year) | To  (year) |
|  |  |  |  |

1. Posts held during the last 10 years:

|  |  |  |
| --- | --- | --- |
| Dates | Position/Title,  Division/Organization | Brief Description of Duties |
|  |  |  |

1. Please describe your experience in the facilitation of events, meetings, trainings, seminars, etc., including those related to transferring knowledge and/or personal development:

|  |
| --- |
|  |

1. With regard to your facilitation experience over the last two years, please indicate:

|  |  |
| --- | --- |
| Number of days you have facilitated events, meetings, trainings, seminars, etc. |  |
| Number of days you have delivered trainings with a focus on transferring knowledge |  |
| Number of days you have delivered trainings with a focus on personal development |  |

1. Please indicate which books on leadership / management / personal development you have read over the last two years:

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | Please outline the biggest strategic challenge that your administration currently faces taking into consideration your administration’s vision, mission and values. |
| [Maximum 500 words/ No minimum required ] | |
|  | |
|  |  |
|  | How would you address the challenge that you have mentioned in [9.]? |
| [Maximum 500 words/ No minimum required ] | |
|  | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Please briefly outline (if any) your experience at an international level over the past decade, and more specifically your experience with the WCO. | |
| [Maximum 200 words/ No minimum required ] | | | |
|  | | | |
|  | | | |
|  | Please explain your motivation and interest to become a WCO LMD Advisor. | |
| [Maximum 500 words/ No minimum required ] | | |
|  | | |

I certify that the statements made by me in response to the above questions are accurate and complete and I undertake to supply, on request, any documentary evidence required in support of them.

I also undertake to conduct myself at all times in a manner appropriate for a WCO representative.

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(date and place) (candidate’s signature)

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| --- |
|  |

(please attach a recent photo)