| **NOMINATION FORM**WCO Regional Pre-Accreditation Workshop for Technical and Operational Advisors (TOAs) on Intellectual Property Rights (IPR)Kashiwa, Japan 10 to 13 October2023 |
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| **PLEASE RETURN THE FORM TO THE FOLLOWING ADDRESSES:****World Customs Organization**maurice.adefalou@wcoomd.org giovanni.gaeta@wcoomd.org by 25th August 2023 in the latest----- |
| **INSTRUCTIONS:*** To be completed by the Head of the administration nominating the candidate, or with his/her authorization. A gender-balanced approach to the nomination of candidates is encouraged.
* The candidate and the administration submitting the application must read the attached information carefully in order to complete the form**.**
* A separate form should be used for each candidate nominated.
* Please complete this form in typewritten script.
 |
| **The Customs administration of**  |  | **certifies that:** |
| **(name of your Customs administration)** |
|  |  | 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 formal accreditation. |
|  |  | All the information provided by the candidate in this form is complete and accurate. |
|  |  | The candidate has a very good command of English. |
| **and nominates:** |  |
|  | **(name of the candidate)** |
|  |

|  | **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 | : |  |
|  |
| **2.** | **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 : |  |

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| **CURRICULUM VITAE** |
|  | Family name | : |  |
|  | First Name | : |  |
|  | Mother Tongue | : |  |
|  | Foreign Language Proficiency | : |  |
|  |
|  | ReadVery well, Well, Fairly Well | WriteVery well, Well, Fairly Well | SpeakVery well, Well, Fairly Well |
| English |  |  |  |
| French |  |  |  |
| Spanish |  |  |  |
| Other(specify) |  |  |  |
|  |
|  | Education |
| Name, place and country of university or equivalent | Degree(s), distinction obtained | From (year) | To (year) |
|  |  |  |  |
|  |
|  | IT Skills (list the world-processing and other software with which you are familiar): |
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|  |
|  | Posts held during the last 10 years |
| Dates | Position/Title/Location | Brief description of Duties |
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| --- | --- |
|  | Please outline your daily duties in your Customs administration, particularly your experience in IPRs (risk management, data analysis, targeting at the port, airport, land borders, free ports, etc.) |
| [Maximum 500 words / No minimum required ] |
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|  |  |
|  | Please outline the biggest challenge that your administration faces in the field of IPR?  |
| [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 your experience as a trainer / lecturer/ presenter/ speaker.  |
| [Maximum 200 words/ No minimum required ] |
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|  |  |
|  | 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 ] |
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|  |
|  | Please explain your motivation and interest to become a WCO Expert specialized in IPR?  |
| [Maximum 500 words/ No minimum required ] |
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| I certify that the statements 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.  |
|  |  |  |
| Place and Date: |  | Candidate’s Signature |
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