MMD Train-the-trainer Nomination Form

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| 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. Luis Montano ([luis.montano@wcoomd.org](mailto:luis.montano@wcoomd.org)) no later than **04 November 2022** |

**INSTRUCTIONS:**

* To be completed by the Head of Administration nominating the candidate, or with his/her authorization.
* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nominates:**

(name of the country in capital letters)

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| **1.** | | **General Information:** | | | | | |
|  | | * Given name | | : | |  | |
|  | | * Family name | | : | |  | |
|  | | * Gender | | : | | Male Female Other | |
|  | | * Date of birth (dd/mm/yyyy) | | : | |  | |
|  | | * Nationality | | : | |  | |
|  | | * Current position; name of function | | : | |  | |
| **2.** | | **Contact Information:** | | | | | |
|  | | * Business address (street, house/office number, city, postcode, country) | | : | |  | |
|  | | * Telephone (including country code) | | : | | Tel.:  Mobile: | |
|  | | * Skype name | | : | |  | |
|  | | * E-mail address (work and private) | | : | | Work:  Private: | |

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| **3.** | **Travel Information:** | | | |
|  | * Passport number | | : | Number:  Date of issue:  Date of expire:  Place/country of issue: |
|  | * Departure / Return city | : | |  |
|  | * Name of airport of departure / return | : | |  |

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(date and place) (signature and stamp of the authorized official)

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MMD TRAINER’S PROFILE**

**INSTRUCTIONS:**

* To be completed by the nominated candidate.
* Please complete this form in typewritten script.
* Please attach a coloured scanned copy of passport.

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First Name:

Surname:

Please select your age range below:

Email:

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| --- | --- | --- | --- | --- | --- | --- |
| Under 25 | 25-29 | 30-34 | 35-39 | 40-49 | 50-59 | Over 60 |
|  |  |  |  |  |  |  |

Please select your previous experience in providing training workshops as a training facilitator with your National Customs Organization and/or the WCO:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Under  40 Hrs. | 40-80  Hrs. | 80-160  Hrs. | 160-240  Hrs. | 240-320  Hrs. | 320-500  Hrs. | 500-750  Hrs. | Over 750  Hrs. |
|  |  |  |  |  |  |  |  |

Describe clearly and precisely the 3 main reasons and factors that motivated you to apply for this MMD ToT workshop, in about two hundred words:

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As a potential trainer for the MMD Training Program, what are, in your opinion, the main traits/characteristics that a trainer should possess in order to deliver a successful training workshop?

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In your opinion, what are the main indicators of a successful training workshop?

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Describe the role that the trainer plays in the success of the training workshop. Describe the role of the trainees as well in that regard.

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What are the main characteristics that you have (skills / behavior / traits / philosophy / experience…), that would allow you to deliver a successful MMD Training Program?

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Disclaimer: 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 certify that I have been informed that the MMD ToT workshop is designed as a fully interactive training workshop, whereby I will be required to actively read and prepare all the MMD training material in advance, in order to participate in delivering the training material during the workshop.

Date: Signature: