INTERGOVERNMENTAL OCEANOGRAPHIC COMMISSION APPLICATION FORM

Sixth IOC / WESTPAC Training Course on NEAR-GOOS Data Management

Japan Oceanographic Data Center (JODC), Tokyo, Japan, 21October-1 November 2002

Instructions: Applicants are requested to follow the format given below:

The information requested should either be typed or printed clearly in ink. Where additional space is needed, a separate sheet should be used and attached to the application. Application should be submitted to the GOOS Project Office (Attn. Ms. Lam Ho Hien), Intergovernmental Oceanographic Commission, UNESCO (1 rue Miollis, 75732 Paris, Cedex 15, France, FAX 33.1.4568.5813), with a copy to IOC Regional Secretariat for WESTPAC (c/o NRCT, 196 Paholyothin Rd., Chatujak, Bangkok, 10900, Thailand, FAX 66.2561.5119) and Japan Oceanographic Data Centre, Japan Coast Guard (5-3-1 Tsukiji Chuo-ku Tokyo 104-0045 Japan, FAX 81.3.3545.2885), through an appropriate official channel (e.g. IOC Action Address, National Commission of UNESCO or appropriate Ministry).

Family name:	First name:	Nationality:
Date of birth	Country and place of birth	Sex: Female: Male:
	_	
Mailing Address:		
Telephone:	Fax:	Telex:
E-mail:		
B. PRESENT I	POSITION	
Name and address of e	mployer:	
Title of post:	Years of service:	From
Name and title of supe	rvisor:	
	rvisor:	

B. PRESE	NT POSITION					
Functions/Respo	onsibilities					
C. EDUCA	TION					
University attended		Dates	:	Degree(s):		
				8(-).		
	raining activities attend		institution where activ	ities undertaken) :		
(merousing year or	accivities, name of sp	ongor uno numo o				
D. PUBLIC	CATION AND RESEA	ARCH				
List any significant publications (including publisher and date of publication):						
E. LANGU	JAGES					
Mother tongue:						
English ability:	Good	Average	Poor			
Understand						
Read						
Speak						
Write						

F. SHORT SUMMARY OF PROFESSIONAL CAREER INCLUDING MAJOR RESEARCH PROJECTS UNDERTAKEN					
G. REFERENCES					
List two persons, not related to the candidate, who can provide information on his/her qualifications: Full name Title and address					
Full name Title and address					
H. TRAINING OBJECTIVES					
1. Give the reasons why this activity is important for work at candidate's home institute:					

2.	Participation in regional on-going programmes, nature of work and affiliated organizations:					
3.	Any additional information considered rele	evant to the application:				
	(* Please remark if the candidate wishes to participate even without financial support from the IOC.)					
	-					
		Signature of Applicant	Date			
I.	I. ENDORSEMENT AND RECOMMENDATION OF INSTITUTION					
	Na	ame, title and signature of official	Date			