
NOMINATION FORM

9th English-Speaking Session - Virtual Customs Orientation Academy
4 March – 7 June 2019

PLEASE RETURN THE FORM AND ATTACHMENTS
TO THE FOLLOWING ADDRESS

BEFORE 11 January 2019

E-mail :

Danka.Kovalcikova@wcoomd.org

I. Support Letter

INSTRUCTIONS

- (1) *To be completed by or under the authority of the Head of the nominating administration. It should be forwarded to the Capacity Building Directorate, World Customs Organization, Brussels, Belgium.*
- (2) *Please complete this form **in typewritten script.***

THE CUSTOMS ADMINISTRATION OF _____

NOMINATES Mr./Mrs./Miss _____

(Current title) _____

DATE AND PLACE: _____

Signature and seal of the authorized official

Name and Title: _____

II. Application Form

INSTRUCTIONS:

This should be completed by the candidate in **typewritten** form. Each question must be answered clearly, completely and correctly. Detailed answers are required in order to make the appropriate study arrangements. If necessary, additional pages of the same size may be attached.

A. COMMITMENT

As a Customs official, I introduce my request to the 9th Session of the WCO Virtual Customs Orientation Academy (VCOA).

I certify that my statements in answer to the following questions are complete and correct. If selected to the Academy, I undertake to:

- (1) Complete the two phases of the nomination process, firstly sending this application form fully completed before 11 January, and secondly filling out the on-line questionnaire on 8 February (link to be provided by e-mail upon eligible application form receipt);
- (2) Conduct myself at all times in a manner compatible with my status as a participant of the WCO VCOA in line with the Virtual Customs Orientation Academy Charter;
- (3) Work diligently on the on-line study programme, be available and ensure access to a proper Internet access to participate actively to the interactive sessions during the whole period of the Academy;

B. PERSONAL HISTORY

1. _____
FAMILY NAME (SURNAME) FIRST NAME

2. NATIONALITY: _____ 3. DATE OF BIRTH: _____

4. CONTACT ADDRESS OF THE CANDIDATE

Address: _____

Office TEL: (fix) _____ (mobile) _____

E-mail (mandatory): _____

Confirm your e-mail: _____

We will use this e-mail address for all communication with the nominated candidates and to grant him/her access to the CLiKC! web platform which hosts the VCOA. **Invalid e-mail addresses will lead to the applications' rejection.**

5. LANGUAGES

MOTHER TONGUE: _____

Other language(s)	Reading skills	Writing skills	Speaking skills

Rate your proficiency in languages using the following ability levels in the grid shown above:

E: Excellent G: Good F: Fair L: Low

6. EMPLOYMENT RECORD

Note: *It is important that you give complete information starting with your present or more recent post and working backwards. For each post you have occupied indicate the title of the post, the years of service, and the main duties and responsibilities.*

Period of employment From - to	Position / title / occupation	Description of tasks and responsibilities

7. EDUCATION: (start with last attended institution and work back)

Name and place of institution	Degree obtained	Years of Study From - to	Major field(s) of study	Study language used

Date: _____

Signature of candidate: _____