

PROGRAMME OF FELLOWSHIPS ON DISARMAMENT

NOMINATION FORM

I. LETTER OF TRANSMISSION

INSTRUCTIONS

To be completed by a senior official of the nominating Government who will forward the certified nomination form to the Coordinator, Disarmament Fellowship, Training and Advisory Services Programme, Office for Disarmament Affairs, Geneva Branch, Palais des Nations, 1211 Geneva 10, Switzerland.

The Government of _____
nominates _____

for a fellowship on disarmament issues.

The Government certifies that:

- (a) The studies to be made under this fellowship are necessary for the specialization of the nominee in the field of disarmament, thereby enabling him/her to participate more effectively in disarmament international deliberating and negotiating fora; and that in the case of a fellowship being granted, full use would be made of the fellow in the field covered by his/her fellowship;
- (b) All information supplied by the nominee is complete and correct;
- (c) The nominee is fluent in English or French and has adequate knowledge of the other language;
- (d) The absence of the nominee during his/her studies abroad would not have any adverse effect on his/her status, seniority, salary, pension and similar rights.

On return from the fellowship it is proposed to employ the fellow as follows:

Title of post _____

Duties and responsibilities _____

Place and date: _____

Signature of responsible Government official

Official address: _____

Telephone No.: _____

Name and
Title of
responsible
Government
official: _____

Fax No.: _____

ENG
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NOMINATION FORM

II. PERSONAL HISTORY AND PROPOSED STUDY PROGRAMME

INSTRUCTIONS

Nomination forms are available in English, French and Spanish. They should be completed by the candidate in typewritten form or block letters, in any one of the above languages. Each question must be answered clearly and completely. If necessary, additional pages of the same size may be attached.

1. Family name (surname) <small>(underline name by which formally addressed)</small>		First name	Other names
2. Mailing address Telephone No.: Fax No.: E-mail address:		3. Home address Telephone No.:	
4. City and country of birth	Date of birth <small>Day Month Year</small>	Age	Nationality
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Name and address of person to be notified in case of emergency	
7. Languages Mother tongue:	READ <small>Excellent Good Fair</small>	WRITE <small>Excellent Good Fair</small>	SPEAK <small>Excellent Good Fair</small>
8. Residence in foreign countries in relation to the candidate's professional or study interests			
Year	Country	Length of stay	
9. Education (start with last attended institution and work backwards)			
Name of institution and place of study	Years of study: From - To	Major fields of study	Degrees

10. List membership of professional societies and your activities in civil, public or international affairs:

11. List any relevant publications you have written (do not attach):

12. Employment record: It is important to give complete information. For each post you have occupied give details of your duties and responsibilities:

A. Present or most recent post:	Description of your work, including your personal responsibility
Years of service: from to	
Title of your post:	
Type of organization:	
Name and address of employer:	
Name of supervisor:	
B. Previous post:	Description of your work, including your personal responsibility
Years of service: from to	
Title of your post:	
Type of organization:	
Name and address of employer:	
Name of supervisor:	

C. Previous post:	Description of your work, including your personal responsibility
Years of service: from to	
Title of your post:	
Type of organization:	
Name and address of employer:	
Name of supervisor:	

13. Preferred topics in the field of disarmament:

14. Reasons why the above topics are of particular importance:

15. Description of the practical use you will make of this study on your return home in relation to the responsibilities you expect to assume:

16. Give details of any fellowships or scholarships previously held by you, which you now hold, or for which you are a candidate:

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If selected as a fellow, I undertake to:

- (1) Conduct myself at all times in a manner compatible with my status as holder of a United Nations fellowship;
- (2) Spend full time during the period of the award in the study programme as directed by the United Nations;
- (3) Refrain from engaging in political, commercial, or any other activities other than those covered by my work programme;
- (4) Submit reports in accordance with the requirements of the Programme;
- (5) Return to my home country at the end of the fellowship.

Date: _____ Signature of candidate: _____

III. RECOMMENDATIONS OF NATIONAL SELECTING AUTHORITY

1. Comments on educational qualifications; experience in the subject to be studied, age, health and personality of the candidate:

2. Comments on the linguistic ability of the candidate (*Note: Lectures are normally conducted in English.*):

3. Comments on proposed programme of work and duration of fellowship (*Note: The programme requires the release of the fellow for a period of some 10 weeks.*):

4. Comments on use to which fellow's training will be put on his/her return home:

Address: _____

Name, Signature and title of responsible official

Place: _____

Date: _____

IV. MEDICAL REPORT

INSTRUCTIONS

To be completed by a registered medical practitioner after thorough clinical and laboratory examination including X-ray of chest. The United Nations reserves the right to require the candidate to undergo a further medical examination before he/she takes up the fellowship.

Name of candidate:

Age

Sex

Is the person examined at present in good health and enjoying full working capacity?

Is the person examined able physically and mentally to carry on intensive study away from his/her home?

Is the person examined free from infectious diseases (for example, tuberculosis and trachoma) which could present risks for both the candidate and his/her contacts during the fellowship?

Does the person examined have any condition or defect which might require treatment during his/her fellowship?

Full name and address of
examining physician (printed)

Signature and stamp of examining physician

Date: