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| 21-24 OCTOBER 2019 |
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| IALA-IHO CAPACITY BUILDING WORKSHOPON HYDROGRAPHY AND MARINE AIDS TO NAVIGATION IN AFRICACentre d’Accueil et des Conférences, Hay Riyad, Rabat, Royaume du Maroc  |
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### Annex D: Information Form (in English)

### Annexe F: Registration Form (in English)

### Annex D: Information Form

### All the participants to the Workshop are invited to fill in the attached this information form (Annex D in English) and the registration form at Annex E (in French) and Annex F (in English) available at the end of this document and in “Word” and “Excel” formats on IHO and IALA websites, and forward it, with a scanned copy of the passport (page with bio-data), then send them before the 25th of July 2019 by email:

### as designatory to the host country (Morocco):

### chafi@mtpnet.gov.ma: Mr. CHAFI Mostafa, Head of the Division Règlementation et Domaine Public Maritime (DPDPM, METLE)

### as copy to the organisators:

### Shom:

### vincent.lamarre@shom.fr: Mr. LAMARRE Vincent, Head of External Relations

### henri.dolou@shom.fr: Mr. DOLOU Henri, Advisor

### IALA:

### jacques.manchard@iala-aism.org: Mr. MANCHARD Jacques, IALA Senior Adviser

### fontan.jean.luc@gmail.com: Mr. FONTAN Jean-Luc, Consultant

### academy@iala-aism.org

###  An “Excel” version of the registration form is available on the IALA and IHO websites.

### Personal Details

### First name: …………………………………………..................

### Surname: …………………………………………………………

### Organization: ………………………………………….........

### Nationality: ………………………………………………………

### Passport Number, if visa support letter is required:…………………………….

### Hôtel - Accommodation Details

###  Booked Hotel or Preference: ………………………

###  Arrival Date: …………………………………………………

###  Departure Date: ……………………………………………………

### Flight Details

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| --- | --- |
| Arrival at Rabat international airport  | Departure from Rabat international airport |
| Arrival Date -…………………………………   | Depature Date…………………………….. |
| Flight n°: ………………………………… Airline: ……………………………………… Arrival time: ………………………………….  | Flight n°: ………………………………… Airline:……………………………… Departure time: ………………………………….  |

### Comments or additional information

### Food request: .....

### Other: .....

### Date: ……………………

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### Signature: ……………………

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| Annexe F: Registration Form (in English)To be submitted to henri.dolou@shom.fr and jacques.manchard@iala-aism.org(copy: chafi@mtpnet.gov.ma - vincent.lamarre@shom.fr - fontan.jean.luc@gmail.com - academy@iala-aism.org )by 25 July 2019 |
| Workshop  | Joint IALA-IHO workshop for capacity-building in hydrography and marine aids to navigation: Risk Assessment / Survey Specifications / AtoN Management |
| Venue & Location | CAC - Rabat - Morocco |
| Dates | 21 to 24 October 2019 |
| Please note that this form needs to be completed electronically and returned as an Excel file. It is imperative that the name of the proposed trainee is correctly typed in the correct format as the information concerned will be copied and used for booking flights etc. Any errors when completing the form, particularly regarding the format of the name of the proposed candidate, may result in e-tickets not being accepted at points of departure. Please do not add any cells to this spreadsheet. |
| APPLICATION FORM - Part One  IF POSSIBLE, THIS SECTION SHOULD BE COMPLETED BY THE TRAINEE AND THEN EMAILED TO THE NOMINATING OFFICER WHO SHOULD COMPLETE PART TWO OF THE APPLICATION FORM |
| Gender (from drop-down menu) |   |
| Title (Mr, Mrs, Ms, Capt etc - Not job title) |   |
| Trainee’s first / given names (exactly as shown on candidate’s passport) |   |
| Trainee’s family name (exactly as shown on the candidate’s passport) |   |
| Passport Number |   |
| Job title |   |
| Short description of duties |   |
| Official email address |   |
| Alternative email address |   |
| Nationality |   |
| Date of Birth (day/month/year) |   |   | 19 |   |   |
| Office telephone number |   |
| Mobile phone number |   |
| Fax number |   |
| Airport departing from |   |
| Any specific requirements regarding travel arrangements |   |
| Dietary restrictions regarding meals at the venue |   |
| Candidate’s level of spoken English (Choose from drop-down menu) |   |
| Candidate’s level of written English (Choose from drop-down menu) |   |
| APPLICATION FORM - Part Two TO BE COMPLETED BY THE PROPOSED TRAINEE'S LINE MANAGER / SUPERIOR OFFICER |
|
| I request that the IHO secretariat to consider this Application Form and confirm that I am fully aware of the following conditions which apply to this application: |
| 1.       The IHO Capacity Building Fund will support workshop fees, hotel accommodation and basic meals (lunch) for a selected candidate. |
| 2.       Insurance, pocket money and any other expenses are not covered by the IHO Capacity Building Fund. They are the responsibility of the institution submitting the application. |
| 3.       Should a selected candidate not be able to participate in the workshop for any reason he/she will be replaced by a candidate from the waiting list and NOT by an applicant from the same country. |
| 4.       Where the IHO Secretariat is informed, less than 1 month before the start of the workshop, that a selected candidate is unable to participate in the workshop, his/her sponsoring institution will be required to refund the IHO Capacity Building Fund any expenses already incurred by the IHB. |
| I request that the IALA World-Wide Academy to consider this Application Form and confirm that I am fully aware of the following conditions which apply to this application |
| 1.       The IALA World-Wide Academy will support workshop fees, hotel accommodation and basic meals (lunch) for a selected candidate. |
| 2.       Insurance, pocket money and any other expenses are not covered by the IALA WWA. They are the responsibility of the institution submitting the application. |
| 3.       Should a selected candidate not be able to participate in the workshop for any reason he/she will be replaced by a candidate from the waiting list and NOT by an applicant from the same country. |
| 4.       Where the IAL WWA is informed, less than 1 month before the start of the workshop, that a selected candidate is unable to participate in the workshop, his/her sponsoring institution will be required to refund the IALA WWA any expenses already incurred by the IALA WWA. |
| Name |   |
| Position |   |
| Name of your authority |   |
| Date |   |
| Any supporting comments etc. |   |