**Nomination / Registration Form**

**DBCP Training Workshop on Ocean Observations and Data Applications – Indian Ocean**

*Citeko, Indonesia, 6–8 August 2024*

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| *The Government of:*        |
| *proposes the following nomination:* |

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| ***NOTE TO THE NOMINATED PARTICIPANT: PLEASE COMPLETE ALL THE QUESTIONS IN THIS FORM. PLEASE WRITE CLEARLY, AND SUBMIT IT, PREFERABLY, IN ELECTRONIC FORMAT.*** |

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| Mr /Mrs /Dr /etc | Mr / Ms       | Dr / Professor / Eng / etc.       |
| Family name |       |
| First name |       |
| Job title |       |
| Professional specialization |       |
| Graduation degree(s) |       |
| Organization |  |
| ADDRESS:Dept/Div. |       |
| Street |       |
| Suite/Office/etc |       |
| City /postal codes |       |
| State/Province/etc |       |
| COUNTRY |       |
| Tel. number(s) |       |
| Fax number(s) |       |
| E-mail(s) - ***please write your e-mail(s) very clearly*** |
| E-mail (1)      E-mail (2)       |
| Job responsibilities:       |
| **You are planning to attend** **in-person [ ]  or virtual [ ]**  |
| **If in-person participation:****Financial assistance is requested: No [ ]  / Yes [ ]  If Yes; for: travel** **[ ]  per diem** **[ ]**  |

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| **QUESTIONS TO THE EXPERTS NOMINATED FOR THE TRAINING WORKSHOP** |
| 1. | Please indicate the plans you may have in your country for: 1. initialization/maintenance/utilizing ocean observing systems in Indian Ocean or Pacific Ocean, and/or;

 (ii) cooperation with international programmes regarding the implementation of such systems  (e.g. through the provision of instrument deployment opportunities).N.B.: Please use a separate sheet to provide a brief description on this question. |
| 2. | Please indicate the plans you may have in your country for; 1. needs for ocean forecasting in the Indian Ocean or Pacific Ocean;

 (ii) cooperation with international programmes regarding the implementation of such activities *N.B.: Please use a separate sheet to provide a brief description on this question.* |
| 3. | Do you have an understanding of oceanography and ocean observing (e.g. instrumentation, data management, etc.)?        |
| 4. | What do you expect from this Training Workshop?       |
| 5. | In your view, what would make the Training Workshop successful?      |
| 6. | Do you have any questions or comments?       |
| 7. | Did you participate in any other DBCP Capacity Building Workshops? If yes, please specify.      |

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| **PLEASE NOTE, ONLY NOMINATION/REGISTRATION FORMS, SIGNED BY THE OFICIAL NATIONAL COORDINATING BODIES FOR LIAISON WITH IOC OF YOUR COUNTRY OR THE WMO Action AddressEE(S) of your country, WILL BE CONSIDERED.** |
| *Name of NCB with IOC or WMO Action Addressee*:       |

Name of the Official National Coordinating Bodies for liaison with IOC or WMO Action Addressee

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| --- | --- | --- |
| Date:       |  |  |
|  |  | (Signature of the Official National Coordinating Bodies for liaison with IOC or WMO Action Addressee) |

Please return the completed form **before 17 May 2024**, preferably by e-mail, to the attention of Ms Ting Yu at t.yu@unesco.org with cc: Ms Champika Gallage, cgallage@wmo.int.