|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NOMINATION FOR TRAINING COURSE** | | | | | |
| The person indicated below is nominated to participate in the **EAC Regional Training Course on Development, Design, Installation and Operation of Small Hydropower Plants** scheduled to take place **29 September- 4 October 2019, Kampala, Uganda** | | | | | |
| 1. **PERSONAL INFORMATION** | | | | | |
| Gender:  Female  Male | | | Nationality: | | |
| Family name (**as in passport**): | | | 2nd nationality (if any): | | |
| Middle name (if any, **as in passport**): | | | Passport No.: | | |
| First/given name (**as in passport**): | | | Date of issue: YYYY-MM-DD | | |
| Date of birth: YYYY-MM-DD | | | Place of issue: | | |
| Place of birth: | | | Valid until: YYYY-MM-DD | | |
| **2a. OFFICE ADDRESS** | | **2b. HOME ADDRESS** | | | |
| Institute name: | |  | | | |
| Institute address: | | Address: | | | |
| PO Box: | | PO Box: | | | |
| Zip Code: | | Zip Code: | | | |
| Town/City: | | Town/City: | | | |
| State: | | State: | | | |
| Country: | | Country: | | | |
| Telephones (including country/city codes): | | Telephones (including country/city codes): | | | |
| Office:  Cellular: | | Home:  Cellular: | | | |
| Email: | | Email: | | | |
| Web: | | Web: | | | |
| **Airport/town nearest to residence:** | |  | | | |
| 1. **LANGUAGE SKILLS** | | | | | |
|  | | **Description:** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Language** | **Speak** | **Read** | **Write** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | FLUENT (F)  WORKING KNOWLEDGE (W)  LIMITED (L) | | Speak, read and write nearly as well as mother tongue  Engage freely in discussions, read and write more complex material  Limited conversation, reading of newspapers, routine correspondence | |
| 1. **EDUCATION (last 2, start with the highest)** | | | | | |
| Start date: | | Institution: | | | |
| (Anticipated) Graduation date: | | Institution city: | | | Institution country: |
| Education level (achieved): | | Main course of study: | | | |
|  | | Specialization: | | | |
|  | |  | | | |
| Start date: | | Institution: | | | |
| (Anticipated) Graduation date: | | Institution city: | | | Institution country: |
| Education level (achieved): | | Main course of study: | | | |
|  | | Specialization: | | | |
| 1. **WORK EXPERIENCE (last 2 positions held)** | | | | | |
| Current job:  Yes  No | |  | | | |
| Employer: | | Type of business: | | | |
| Job function: | | Exact title of post: | | | |
| Start Date:       End Date: | | Work location (city/country):      / | | | |
|  | |  | | | |
| Current job:  Yes  No | |  | | | |
| Employer: | | Type of business: | | | |
| Job function: | | Exact title of post: | | | |
| Start Date:       End Date: | | Work location (city/country):      / | | | |
| 1. **DESCRIPTION OF WORK** | | | | | |
| Past work done by the nominee which is relevant to the event: | | | | | |
| 1. **OBJECTIVES FROM THE EMPLOYER’S POINT OF VIEW** | | | | | |
| How is the employer going to make use of the training received by the candidate at the course? | | | | | |
| 1. **APPROVAL BY NOMINATING AUTHORITY** | | | | | |
| **STATEMENT**  The nominating authority gives the following assurances:   * All information supplied in this form is complete and correct; * It is noted that the organizers, host country(ies) and host institution(s) do not accept liability for the payment of any costs or compensation arising from damage to or loss of personal property, or from illness, injury, disability or death of the nominee while he/she is travelling to and from or attending the event and it, the nominating authority, undertakes the responsibility for such coverage; * The selected nominee will conduct himself/herself in a manner compatible with his/her status as a participant in an EACREEE event and will refrain from engaging in any political and commercial activities; * No facts are known to the nominating authority regarding the reliability and character of the nominee which would make him act contrary to paragraph (c) above. | | | | | |
| SIGNATURE | NAME: | | | | DATE: |

Please, return the completed form by E-mail to:

The East African Centre for Renewable Energy and Energy Efficiency (EACREEE),

E-Mail: [info@eacreee.org](mailto:info@eacreee.org); [m.kiza@eacreee.org](mailto:m.kiza@eacreee.org);