**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](mailto:cgallage@wmo.int).