



**South Pacific Regional Environment Programme
(SPREP)
P O Box 240, Apia, Samoa
Tel: (685) 21929 Fax: (685) 20231**

LETTER OF TRANSMISSION

The Government of

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nominates

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for the Municipal Solid Waste Management Workshop for PIF Countries and certifies that all information supplied by the nominee is complete and correct.

Place and Date:

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Signature of responsible Government official

Official address:

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Title:

NOMINATION FORM

Country:

Title (Mr/Mrs/Ms): **Family Name:** **Given Name:**

Title of Post: **Name of Organization:** **Contact Address:**

Telephone: **Fax:** **Email:**

Passport No: **Date of Issue:** **Expire Date:**
Place of Issue:

Date of Birth: **Place of Birth:** **Nationality:**

LANGUAGES	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									

EDUCATION RECORD

Education Institution	Location	Years attended		Degrees, Diplomas and Certificates if any and subjects studied	Special Fields of Study
		From	To		

Present or most recent post:	Description of your work, including your personal responsibility
Dates From: To:	
Title of your post:	
Type of organization:	
Name of employer:	
Address of employer:	

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 my nomination for this workshop is accepted, I will undertake to:

- (a) carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and SPREP in respect of this course of training;
- (b) follow the course of training, and abide by the rules of the institution or establishment in which I undertake to train;
- (c) refrain from engaging in political activities, or any form of employment for profit or gain;
- (d) submit any progress reports which may be prescribed;
- (e) return to my home country promptly upon the completion of my course of training.

I also fully understand that it may be subject to withdrawal if there is any misconduct or unsatisfactory performance on my part determined by SPREP.

Signature of Candidate:

Printed Name:

Date: