Ref.: SCBD/BS/CG/MPM/DA/85254 22 December 2015

**N O T I F I C A T I O N**

**Nomination of Experts to the Central and Eastern European workshop on the detection and identification of living modified organisms, Ljubljana, Slovenia, 7-11 March 2016**

Dear Madam/Sir,

In its decision BS-VII/10, the Conference of the Parties serving as the meeting of the Parties to the Cartagena Protocol on Biosafety (COP-MOP) requested the Executive Secretary to organize, in cooperation with relevant organizations, capacity-building activities such training workshops on sampling, detection and identification of living modified organisms to assist Parties in fulfilling the requirements under Article 17 and towards achieving the relevant outcomes of the Strategic Plan.

In response to this request, and with support from the Government of Japan through the Japan Biodiversity Fund, the Secretariat is organizing a workshop for the Central and Eastern European region on the detection and identification of living modified organisms, to be held in Ljubljana, Slovenia,   
7-11 March 2016, with the objectives of providing theoretical and hands-on training on:

1. Sampling, detection and identification of in the context of the Cartagena Protocol on Biosafety;
2. Laboratory methodologies used for the analysis of samples; and
3. Sharing experiences and assessing national needs and gaps for the effective implementation of the relevant outcomes under the Strategic Plan for the Cartagena Protocol.

Accordingly, I am pleased to invite your Government to nominate a representative to take part in the workshop. The nominee should be involved in the laboratory based detection and identification of LMOs.

The official nomination letter should be accompanied with the attached nomination form indicating the activities in which the nominee has been involved that are relevant to LMO detection and identification as well as the anticipated benefits of the workshop. Participants will be selected on the basis of their relevant expertise as well as geographical representation and gender balance. Incomplete forms will not be considered. Due to the limited availability of funds for the workshop, only nominees from eligible Parties will receive financial assistance to cover the cost of travel and a daily subsistence allowance.

Relevant organizations are also welcome to nominate representatives with practical experience in the subject matter of the workshop, by filling in the attached nomination form. Funding is not available to support the participation of organizations.

Nominations are to be sent to the Executive Secretary via e-mail at [secretariat@cbd.int](mailto:secretariat@cbd.int) or by fax at +1-514-288-6588. In order to enable the Secretariat to finalize arrangements for the workshop in a timely manner, it would be appreciated if nominations are sent as soon as possible but **no later than   
15 January 2016**.

Thank you for your continued cooperation and support towards the work of the Convention on Biological Diversity and the Cartagena Protocol on Biosafety.

Please accept, Madam/Sir, the assurances of my highest consideration.

Braulio Ferreira de Souza Dias

Executive Secretary

Enclosure

**NOMINATION OF A PARTICIPANT TO A CAPACITY-BUILDING ACTIVITY ORGANIZED BY THE SECRETARIAT OF THE CONVENTION ON BIOLOGICAL DIVERSITY**

*Fields / sections marked with an asterisk (***\****) are mandatory*

|  |  |
| --- | --- |
| **I. CAPACITY-BUILDING ACTIVITY** | |
| Title of the activity:\* | <Text entry> |
| Date when activity will take place:\* | <Text entry> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **II. BRIEF PROFILE (min. 150 words)**\*  Briefly describe the experience of the nominee as it relates to the goals of the capacity-building activity as well as a description of how the nominee will be able to apply the knowledge acquired during the activity in future endeavours. | | | | |
| <Text entry> | | | | |
| 1. **PERSONAL INFORMATION**\* | | | |
| Title:\* | | Ms.  Mr. | |
| First Name:\* | | <Text entry> | |
| Last Name:\* | | <Text entry> | |
| Address: | | <Text entry> | |
| Telephone:\*[[1]](#footnote-1) | | <Text entry> | |
| Email:\* | | <Text entry> | |
| 1. **CURRENT EMPLOYMENT\*** | | |
| Name of Employer / Organization / Company:\* | <Text entry> | |
| Department / Division / Unit:\* | <Text entry> | |
| Address: | <Text entry> | |
| Start Date:\* | <YYYY> | |
| Type of Organization:\* | Academic or research institute  Government agency  Inter-Governmental Organization (IGO)  Non-Governmental Organization (NGO)  Private sector (business and industry)  UN and other specialized agency of the  UN Common System  Other: <Text entry> | |
| Main Areas of Responsibility\*:[[2]](#footnote-2) | <Text entry> | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **EMPLOYMENT HISTORY** | | | |
| Name of Previous Employer: | | | <Text entry> |
| Department / Division / Unit: | | | <Text entry> |
| Start and End Date: | | | <YYYY - YYYY> |
| Type of Organization:\* | | | | Academic or research institute  Government agency  Inter-Governmental Organization (IGO)  Non-Governmental Organization (NGO)  Private sector (business and industry)  UN and other specialized agency of the  UN Common System  Other: <Text entry> |
| Main Areas of Responsibility:[[3]](#footnote-3) | | | | <Text entry> |
| 1. **POST-SECONDARY EDUCATION BACKGROUND** | | | |
| **First Degree** (e.g. B.Sc. in Microbiology)\* | | | |
| Title:\* | | <Text entry> | |
| Name of academic institution:\* | | <Text entry> | |
| Start and End Date:\* | | *From* <YYYY> *to* <YYYY> | |
| **Second Degree** (e.g. M.Sc. in Microbiology) | | | |
| Title: | | <Text entry> | |
| Name of academic institution: | | <Text entry> | |
| Start and End Date: | | *From* <YYYY> *to* <YYYY> | |
| **Third Degree** (e.g. Ph.D. in Microbiology) | | | |
| Title: | | <Text entry> | |
| Name of academic institution: | | <Text entry> | |
| Start and End Date: | | *From* <YYYY> *to* <YYYY> | |
| 1. **LANGUAGE PROFICIENCY\*** | | | |
| Arabic:  Chinese:  English:  French:  Russian:  Spanish:  Other: <Specify> | Excellent Good Fair  Excellent Good Fair  Excellent Good Fair  Excellent Good Fair  Excellent Good Fair  Excellent Good Fair  Excellent Good Fair | | |
| 1. **Professional References**  Please indicate the name and email of *at least one* professional reference | | | |
| Reference 1:\* | | | Name: <Text entry>  E-mail: <Text entry> |
| Reference 2: | | | Name: <Text entry>  E-mail: <Text entry> |
| Reference 3: | | | Name: <Text entry>  E-mail: <Text entry> |

1. +[country code] [city code] [telephone number] [extension, if necessary]. [↑](#footnote-ref-1)
2. Briefly describe how the responsibilities of the nominee relate to the goals of the capacity-building activity [↑](#footnote-ref-2)
3. Briefly describe how the responsibilities of the nominee relate to the goals of the capacity-building activity. [↑](#footnote-ref-3)