Ref.: SCBD/SPS/MPM/PD/ps/86212 18 January 2017

**NOTIFICATION**

**Nomination of participants to the workshop on developing capacity for national border controls on living modified organisms in Small Island Developing States in the Pacific**

**Suva, Fiji, 27-29 March 2017**

Dear Madam/Sir,

In its decisions BS-V/9 and BS-VI/8, as well as in the Strategic Plan for the Cartagena Protocol on Biosafety for the period 2011-2020, the Conference of the Parties serving as the meeting of the Parties to the Cartagena Protocol on Biosafety addressed the need to develop capacities of border officials in relation to handling, transport, packaging, identification, sampling and detection of living modified organisms (LMOs).

In light of these requests, and with the financial support from the Government of Japan through the Japan Biodiversity Fund, the Secretariat of the Convention on Biological Diversity is organizing a workshop on developing capacity for national border controls of LMOs in Small Island Developing States in the Pacific. The workshop will be hosted by the Government of Fiji.

The objectives of the workshop are to:

1. Assist customs and border control officials in the implementation of the Cartagena Protocol’s provisions with regard to handling, transport, packaging and identification of LMOs, as well as sampling and detection of LMOs in the context of illegal and unintentional transboundary movements; and
2. Share experiences and assess national needs and gaps for the effective implementation of the relevant outcomes under the Strategic Plan for the Cartagena Protocol.

The primary target group is frontline customs/border control officials from national customs administrations. Nominated participants are expected to have experience at customs control points, including experience related to overseeing imports of plants and animals or plants and animal specimen, as well as bulk shipments of agricultural commodities, such as grains and seeds. The nominee should be involved in the custom processes for handling and inspecting incoming international shipments as part of the daily duties.

Subject to availability of funds, it may be possible to also support the participation of a representative of the Competent National Authority with experience in and responsibility for formulating or enforcing regulations or standards for the identification and detection of regulated goods and substances in general and living modified organisms in particular.

The participants are further expected, after the workshop, to remain in their current positions so as to make use of their acquired knowledge and skills. They will also be expected to train and share the knowledge and experience gained with their colleagues.

Accordingly, I am pleased to invite Parties to nominate the following experts to take part in the workshop:

(i) One or two customs or border control officials involved in sampling, detection and border control of LMOs; and

(ii) One representative of a relevant Competent National Authority.

The nomination should be in the form of an official letter addressed to the Executive Secretary and signed by the Cartagena Protocol National Focal Point, sent by fax to +1 (514) 288 6588 or by e-mail to [secretariat@cbd.int](mailto:secretariat@cbd.int). A completed nomination form (attached to this notification) for each nominee should accompany the letter. Incomplete forms will not be considered. Due to the limited availability of funds for the workshop, only selected participants from eligible Parties who meet the relevant selection criteria will receive financial assistance to cover the cost of travel and a daily subsistence allowance for the duration of the workshop.

In order to enable us to finalize arrangements for the workshop in a timely manner, it would be appreciated if nominations reach the Secretariat as soon as possible but **no later than 15 February 2017**.

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

The working language of the workshop is English only.

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 PARTICIPANTS TO A CAPACITY-BUILDING ACTIVITY ORGANIZED BY THE SECRETARIAT OF THE CONVENTION ON BIOLOGICAL DIVERSITY IN THE PACIFIC SUB-REGION**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. CAPACITY-BUILDING ACTIVITY** | | | | | | | | | |
| Title of the activity:\* | | | | | | Workshop on developing capacity for national border controls of LMOs in Pacific SIDS | | | |
| Date when activity will take place:\* | | | | | | Suva, Fiji, 27-29 March 2017 | | | |
| Nominee Type:\* | | | | | | Customs/ Border Control Official Nominee 1  Customs/ Border Control Official Nominee 2  Representative Of Competent National Authority Nominee | | | |
| **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 endeavors. | | | | | | | | | |
| <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)