Ref.: SCBD/CPU/KG/MA/MW/88209 26 June 2019

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

**Nomination of Experts to the Anglophone African Laboratory Training Workshop on Detection and Identification of Living Modified Organisms, Abuja, Nigeria, 16-20 September 2019**

Dear Madam/Sir,

The Secretariat of the Convention on Biological Diversity is organizing a workshop on detection and identification of living modified organisms, to be held in Abuja, Nigeria from 16 to 20 September 2019, with the objectives of providing theoretical and hands-on training for participants from Anglophone countries in the Africa region on:

1. Overview of biosafety, the Cartagena Protocol on Biosafety and relevant activities;
2. Sharing experiences and assessing national needs and gaps for the effective implementation of the relevant outcomes under the Cartagena Protocol; and
3. Laboratory methodologies used for the analysis and detection of living modified organisms.

The workshop will be supported by the Government of the Republic of Korea through the Korea Biosafety Capacity-Building Initiative and responds to the decisions BS-VII/10, CP-VIII/16 and CP-9/11 of the Conference of the Parties serving as the meeting of the Parties to the Cartagena Protocol on Biosafety, which requested the Executive Secretary to continue convening, in cooperation with relevant organizations, subject to the availability of resources, capacity-building activities, such as online training and face-to-face workshops in the fields of sampling, detection and identification of living modified organisms.

Accordingly, I am pleased to invite your Government to nominate a representative to take part in the workshop. The official nomination letter, addressed to the Executive Secretary, must be submitted by the Cartagena Protocol Focal Point and be accompanied by the completed attached nomination form indicating the activities in which the nominee has been involved that are relevant to detection and identification of living modified organisms as well as the anticipated benefits of the workshop. Participants will be selected on the basis of their relevant expertise as well as geographic and gender balance. Incomplete forms will not be considered.

Due to the limited availability of funds for the workshop, only nominees from eligible Parties to the Cartagena Protocol will receive financial assistance to cover the cost of travel and a daily subsistence allowance. The workshop will be conducted in English.

The heads of relevant organizations with activities in Anglophone countries in the Africa region are also welcome to nominate representatives with practical experience in the subject matter of the workshop, by completing the attached nomination form. Please note that due to laboratory space restrictions, nominations by Parties will have priority.

Nominations should be sent to the Secretariat via e-mail at secretariat@cbd.int or by fax at +1-514-288-6588. In order 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
26 July 2019**.

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.

 Cristiana Paşca Palmer, PhD

 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*

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

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| **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> |

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| 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> |

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| 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)