Ref.: SCBD/SPS/DC/MPM/PD/ps/86212 10 February 2017

**REMINDER 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,

Reference is made to notification 2017-004, dated 18 January 2017, inviting Parties of the Pacific small island developing States to nominate representatives to take part in the workshop on developing capacity for national border controls on living modified organisms to be held in Suva, Fiji, from 27 to 29 March 2017.

The primary target group for this workshop 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.

Parties that have not yet done so are kindly reminded to submit their nominations of one or two customs/border control officials and one representative of a relevant Competent National Authority in the form of an official letter addressed to the Executive Secretary and signed by the Cartagena Protocol National Focal Point. Nominations should be submitted as soon as possible but **no later than 15 February 2017** to enable the Secretariat to finalize arrangements for the workshop in a timely manner. Nominations are to be sent via e-mail at [secretariat@cbd.int](mailto:secretariat@cbd.int) or by fax at +1-514-288-6588. A completed nomination form (attached to this notification) for each nominee should accompany the letter. Incomplete forms will not be considered.

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)