

NOTIFICATION
Global Risk Assessment Workshop
30-31 October 2023 – Montreal, Canada

Dear Madam/Sir,

In its [decision CP-10/10](#), the Conference of the Parties serving as the meeting of the Parties to the Cartagena Protocol on Biosafety requested the Executive Secretary to explore ways to facilitate and support capacity-building and knowledge-sharing and technology transfer regarding risk assessment and risk management of living modified organisms.

In response to this request, the Secretariat of the Convention on Biological Diversity is organizing a workshop under the theme “Advances in risk assessment – Twenty years of theory and practice”, to be convened in Montreal, Canada on 30-31 October 2023. A meeting of the ad hoc technical expert group (AHTEG) on risk assessment will be held immediately following the workshop, on 1-3 November 2023.

The workshop aims to highlight advances in risk assessment and risk management and bring together international experts and stakeholders to discuss and advance the understanding and application of risk assessment methodologies for living modified organisms. The workshop will be held in the context of the Kunming-Montreal Global Biodiversity Framework and will serve as a platform for knowledge-sharing, capacity-building, and collaboration to improve biosafety regulations and decision-making processes worldwide.

The workshop will draw from the lessons and experiences of the regional training courses on risk assessment held under the auspices of the Korea Biosafety Capacity-Building Initiative. In addition, the workshop will consider important topics such as implications for risk assessment and risk management of new breeding techniques, and the role of modelling in risk assessment and risk management. The workshop will also consider Target 17 of the Kunming-Montreal Global Biodiversity Framework with a view to advancing discussion on complementary risk assessment indicators for the monitoring framework. The global risk assessment workshop will be held as a hybrid event, with both in-person and virtual participation options to maximize global accessibility. It will consist of keynote presentations, panel discussions, and networking opportunities.

Accordingly, I am pleased to invite Parties from all regions, other Governments and relevant organizations, to nominate one representative to take part in the workshop. The nominee must have practical experience with, or is expected to be involved in, conducting risk assessment of living modified organisms. Participants will be selected on the basis of their relevant expertise, taking into account geographical representation and gender balance. Please note that due to space restrictions, nominations by Parties will have priority. The workshop will be conducted in English.

The official nomination letter must be accompanied by a duly completed nomination form (annex I). Only complete nominations submitted through the Cartagena Protocol focal point, or Heads of organizations, as appropriate, will be considered.

To: Cartagena Protocol national focal points, CBD national focal points (where CPB focal points have not yet been designated), relevant organizations, and indigenous peoples and local communities
cc: BCH national focal points



Support for a limited number of participants from eligible Parties will be provided by the Secretariat through the Korea Biosafety Capacity-Building Initiative, supported by the Government of the Republic of Korea. Nominations of participants from eligible Parties should include a completed HR Mini Master Registration Form (Annex II – Parts A and B) and a copy of the bio page of the valid national passport. This will enable the Secretariat to process travel of selected participants in a timely manner. All members of the AHTEG on risk assessment are also invited to take part in the workshop.

In order to enable the Secretariat to finalize arrangements for the workshop in a timely manner, nominations should be submitted as soon as possible but **no later than 25 August 2023**. Nominations received after this deadline will not be considered. Nominations should be sent to the Secretariat via e-mail to secretariat@cbd.int or by fax at +1-514-288-6588.

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

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

(Signed) David **Cooper**
Acting Executive Secretary

Enclosures

Annex I.

**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>

III. PERSONAL INFORMATION*	
Title:*	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
First Name:*	<Text entry>
Last Name:*	<Text entry>
Address:	<Text entry>
Telephone: * ¹	<Text entry>
Email:*	<Text entry>
IV. CURRENT EMPLOYMENT*	
Name of Employer / Organization / Company:*	<Text entry>
Department / Division / Unit:*	<Text entry>
Address:	<Text entry>
Start Date:*	<YYYY>
Type of Organization:*	<input type="checkbox"/> Academic or research institute <input type="checkbox"/> Government agency <input type="checkbox"/> Inter-Governmental Organization (IGO) <input type="checkbox"/> Non-Governmental Organization (NGO) <input type="checkbox"/> Private sector (business and industry) <input type="checkbox"/> UN and other specialized agency of the UN Common System <input type="checkbox"/> Other: <Text entry>
Main Areas of Responsibility*: ²	<Text entry>

V. EMPLOYMENT HISTORY	
Name of Previous Employer:	<Text entry>
Department / Division / Unit:	<Text entry>
Start and End Date:	<YYYY - YYYY>

¹ +[country code] [city code] [telephone number] [extension, if necessary].

² Briefly describe how the responsibilities of the nominee relate to the goals of the capacity-building activity

Type of Organization:*	<input type="checkbox"/> Academic or research institute <input type="checkbox"/> Government agency <input type="checkbox"/> Inter-Governmental Organization (IGO) <input type="checkbox"/> Non-Governmental Organization (NGO) <input type="checkbox"/> Private sector (business and industry) <input type="checkbox"/> UN and other specialized agency of the UN Common System <input type="checkbox"/> Other: <Text entry>
Main Areas of Responsibility: ³	<Text entry>
VI. 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:*	<i>From <YYYY> to <YYYY></i>
Second Degree (e.g. M.Sc. in Microbiology)	
Title:	<Text entry>
Name of academic institution:	<Text entry>
Start and End Date:	<i>From <YYYY> to <YYYY></i>
Third Degree (e.g. Ph.D. in Microbiology)	
Title:	<Text entry>
Name of academic institution:	<Text entry>
Start and End Date:	<i>From <YYYY> to <YYYY></i>
VII. LANGUAGE PROFICIENCY*	

³ Briefly describe how the responsibilities of the nominee relate to the goals of the capacity-building activity.

Arabic:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Chinese:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
English:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
French:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Russian:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Spanish:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Other: <Specify>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

VIII. 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>

Annex II.

HR MINI MASTER REGISTRATION FORM

NOTE: This form is to be used by non-staff individuals including meeting participants and staff administered by other agencies.

Instructions:

1. Please answer each field completely. TYPE or PRINT in dark ink.
2. Please attach copy of passport. Please understand Government ID as passport only.

Part A – General Data

Title (Mr./Mrs./etc): _____

First Name (as in Government ID): _____

Middle Name (as in Government ID): _____

Last Name (as in Government ID): _____

Have you worked with the UN in the past? Yes No **If yes, please provide Index Number** _____

Date of Birth (dd/mm/yyyy): _____

Place of Birth (Country): _____ **(City):** _____

Gender: Male Female

Nationality: _____

Email Address: _____

Telephone Number: _____

Address: _____

(City) _____ **(Zip Code)** _____ **(Country)** _____

ID Number: (Passport) _____

ID Date of Issue (mm/dd/yyyy): _____ **ID Valid to date** _____

ID Place of Issue: _____

ID Country of Issue: _____

Travel Information details:

Departure City: _____

Return City: _____

Part B – Banking Data

(UNEP/SCBD comment: Bank details will not be used for transactions without prior written consent by Delegate/Participant/Non-Staff)

Account Title: _____ (Refer #1)

Currency of payment: _____

Name of Bank: _____

Address of Bank: _____

(City) (Zip Code) (Country)

Bank ID number: _____ (Refer #2)

Account # or IBAN: _____

Currency of Account: _____

Type of Account: Checking OR Savings (Refer #3)

Routing Instructions _____ (Refer #4)

Part C – Certification by Non-Staff/External Individual

Full Name: _____

By checking this box I certify that the above information is accurate: Date (mm/dd/yyyy): _____

Part D – To be filled by HR Mini Master Administrator

Personnel Subarea (Duty Station) of engagement/meeting: _____

Personnel Area (Country) of engagement/meeting: _____

Effective date (dd/mm/yyyy): _____

Name & Signature (HR Mini Master Administrator) _____

Date (mm/dd/yyyy): _____