



WORLD CUSTOMS ORGANIZATION

I
NOMINATION FORM

« WCO Leadership and Management Development Advisors
Pre-accreditation Workshop »
12 - 16 December 2022, Brussels, Belgium

Please complete, scan and return this form (in both .pdf and .docx formats) together with a scanned copy of candidate's passport to Ms. Karolyn Salcedo (Karolyn.Salcedo@wcoomd.org) and Mr. Giovanni Gaeta (Giovanni.Gaeta@wcoomd.org) no later than **21 October 2022**

INSTRUCTIONS:

- To be completed by the Head of Administration nominating the candidate, or with his/her authorization.
- The candidate and the Administration submitting the nomination form must carefully read the attached information about the LMD Advisors Pre-accreditation Workshop.
- A separate form should be used for each candidate nominated.
- Please complete this form in typewritten script.

The Customs Administration of _____ certifies that:
(name of the country in capital letters)

- If the candidate successfully completes the workshop, he/she shall be made available to the WCO for a maximum period of 12 weeks over the three years following the workshop in order to deliver activities of the WCO Leadership and Management Development Program.
- All the information provided by the candidate in this form is complete and accurate.
- The candidate has a perfect command of English.

and nominates _____
(name of the candidate in capital letters)

General Information

| | | |
|---|---|--|
| Given name | : | |
| Family Name | : | |
| Gender | : | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Date of Birth (dd/mm/yy) | : | |
| Nationality | : | |
| Title and Function | : | |
| Business Address (with full street name & number) | : | |
| Fax and Telephone Numbers (+country code) | : | Fax Tel Mobile |

General Information

E-mail address

:

| |
|--|
| |
|--|

Travel Information:

Passport Number

:

| |
|----------------|
| Number |
| Date of issue |
| Date of expire |
| Place of issue |

Departure/Return City

:

| |
|-----|
| N/A |
|-----|

Name of Airport of
Departure/Return

:

| |
|-----|
| N/A |
|-----|

Kindly attach a colour copy of candidate's passport.

(Date and Place)

(Signature of the Authorized Official)

Name :

Title :

CANDIDATE'S CURRICULUM VITAE

INSTRUCTIONS:

- To be completed by the nominated candidate.
- The candidate and the Administration submitting the nomination form must carefully read the attached information about the LMD Facilitators Accreditation Workshop.
- Please complete this form in typewritten script.
- Please attach a coloured scanned copy of passport.

1. Family name : _____
2. First Name : _____
3. Mother Tongue : _____

4. Language Proficiency:

| | Read Very well / Well / Fairly Well | Write Very well / Well / Fairly Well | Speak Very well / Well / Fairly Well |
|--------------------|--|---|---|
| Spanish | | | |
| French | | | |
| English | | | |
| Other (Specify) | | | |

5. Education:

| Name, place and country of university or equivalent | Degree(s), distinction obtained | From (year) | To (year) |
|---|---------------------------------|----------------|--------------|
| | | | |

6. Posts held during the last 10 years:

| Dates | Position/Title, Division/Organization | Brief Description of Duties |
|-------|--|-----------------------------|
| | | |

7. Please describe your experience in the facilitation of events, meetings, trainings, seminars, etc., including those related to transferring knowledge and/or personal development:

| |
|--|
| |
|--|

8. With regard to your facilitation experience over the last two years, please indicate:

| | |
|--|--|
| Number of days you have facilitated events, meetings, trainings, seminars, etc. | |
| Number of days you have delivered trainings with a focus on transferring knowledge | |
| Number of days you have delivered trainings with a focus on personal development | |

9. Please indicate which books on leadership / management / personal development you have read over the last two years:

| |
|--|
| |
|--|

10. Please outline the biggest strategic challenge that your administration currently faces taking into consideration your administration's vision, mission and values.

[Maximum 500 words/ No minimum required]

| |
|--|
| |
|--|

11. How would you address the challenge that you have mentioned in [9.]?

[Maximum 500 words/ No minimum required]

| |
|--|
| |
|--|

12. Please briefly outline (if any) your experience at an international level over the past decade, and more specifically your experience with the WCO.

[Maximum 200 words/ No minimum required]

13. Please explain your motivation and interest to become a WCO LMD Advisor.

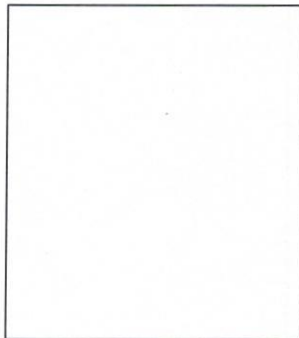
[Maximum 500 words/ No minimum required]

I certify that the statements made by me in response to the above questions are accurate and complete and I undertake to supply, on request, any documentary evidence required in support of them.

I also undertake to conduct myself at all times in a manner appropriate for a WCO representative.

(date and place)

(candidate's signature)



(please attach a recent photo)