**Anexo B**

**IHO CAPACITY BUILDING PROJECT CANDIDATE APPLICATION FORM**

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| 1. Project characteristics (filled by the IHB or project leader) |
| Type of project: | P‐17 |
| Name of the project: | Port and Shallow Water Survey Course |
| Venue: | Argentina‐Buenos Aires |
| Period:From | September 24 to 28, 2018 |
| 2. Personal information (filled by applicant) |
| Title: | Choose your title |
| Family name: | Enter your family name |
| First name: | Enter your first name |
| Date of birth: | Enter your date of birth |
| 3. Address direction (filled by applicant) |
| Address: | Enter the street number |
|  | Enter the complement |
|  | City – Enter the postal code |
|  | Country |
| work phone; | (Country code) phone number |
| private cell: | (Country code) phone number |
| Fax: | fax number |
| Official email: | Enter an e‐mail address |
| Private email: | Enter an e‐mail address |
| 4. Present position and description of duties (filled by applicant) |
| Describe here your current position in the organization and a short description of yourduties (maximum 5 lines) |
| 5. Experience in Hydrography and Cartography (filled by applicant) |
| Describe here your past experience in Hydrography and Cartography, with emphasis in theones related to the project (maximum 7 lines) |
| 6. Candidate's future plans for application of the training/participation (filled byapplicant) |
| Describe here your future plans for application of the training or participation in technicalevents (maximum 5 lines) |
| 7. Date and signature of the applicant |
|  |
| 8. Extra data |
| Passport number: |  |
| Nationality: |  |
| Hydrographic Service that represents: |  |

**CAPACITY BUILDING SUB-COMMITTEE PROCEDURE 8**

**Part2**

**SUBMISSION FORM**

|  |  |
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| **Project number:** | **P-17** |
| **Project name:** | **Port and Shallow Water Survey****Course** |
| **CB Procedure 8 - Registration form** |
| **Status (Instructor/Trainee):** |
| **First name:** |
| **Family name:** |
| **Country:** |
| **Agency:** |
| **Role in the agency:** |
| **Email:** |
| **Telephone:** |
| **Fax:** |
| **Passport number:** |
| **Nationality:** |
| **Information below to be provided in case the IHB arranges the flights** |
| **Departure date:** |
| **Air Line:** |
| **Airport of departure:** |
| **Departure flight number:** |
| **Date and time of departure:** |
| **Dollar price (U$S):** |
| **Return date:** |
| **Air Line:** |
| **Airport of return:** |
| **Number of the return flight:** |
| **Date and time of return:** |
| **Dollar price (U$S):** |
| **Observations:** |

**Observación: enviar adjunta la copia del pasaporte.**

**Enviar información solicitada/Solicitud de informaciones técnicas y/o administrativas a:**

TF Anabel Marziali

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CF Gustavo Almazan

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