



Nomination Form

Training Course Title: _____ Dates: _____

Training Location: _____

Part 1 (PLEASE PRINT)

Nominee's Name: _____ M F
(Surname) (First name) (Middle name) Sex

Mailing address: _____

Email address: _____

Phone # with country code: _____

Fax # with country code: _____

Fax # with country code: _____

Aviation background (check correct one):

- CAA (State or Regulatory) Airport Airline Ground Services
 Catering Company Cargo Mail Aviation Security Consultant

Law enforcement or security background (check correct one):

- Private security Military Police Other:

1. Avsec Background

No. of years operational experience: _____

Duties: _____

Current Job Title: _____

Supervisor / manager's name and email address: _____

Brief description of daily duties and responsibilities:



No. of staff supervised as part of your duties: _____

2. AVSEC training courses completed (local, regional or international)

Title of course

Year

Nominee's statement

I (name) _____ undertake to:

1. conduct myself at all times in a professional manner in keeping with my status as a participant in this training activity;
2. refrain from engaging in political, commercial or other activity detrimental to the host country; and
3. participate fully in the training activity, including group discussions, exercises and homework assignments

I hereby acknowledge that:

1. I am capable of writing and speaking the language in which the training activity will be conducted; and
2. all information I have provided is true and correct.

Nominee's signature: _____ Date: _____

Part 2 (PLEASE PRINT)

Sponsoring Organisation: _____ nominates:

_____ to attend the above mentioned
(Surname) (First name) (Middle name)

Auckland ASTC sponsored training activity and in doing so, certifies that:

1. All information provided in this application is verifiable upon request;
2. It will be responsible for costs associated with lodging, any meals not provided by the Auckland ASTC, and other incidental costs;
3. The nominee is medically fit and in possession of medical insurance coverage for any sickness or medical emergency that may arise during the above training activity;
4. The nominee meets any prerequisite for this training activity and/or is part of the "target population" as outlined in the invitation letter;



- 5. The nominee is currently, or will be within the next 90 days, assigned to a position that reflects the objectives of the training activity; and
- 6. The nominee will arrive for the beginning of the training activity and will be available for the entire event.

(Signature of authorizing manager)

(Printed name of authorising manager)

(Title of authorizing manager)

(Date)

AFFIX OFFICIAL SEAL OR STAMP