



**Technical Training for Waveform Station Operators**

**of Joint IMS and USGS Stations,**

**from 19 – 23 May 2025**

**Seibersdorf, Austria**

ELIGIBILITY CRITERIA AND PARTICIPANT PROFILE

1. **What best describes your role in your home institution (mark all that apply)?**

[ ]  NDC staff [ ]  Waveform analyst [ ]  Radionuclide analyst

[ ]  Station operator [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you an authorized user of IMS data and IDC products?**

[ ]  No [ ]  Yes, Principal User [ ]  Yes, Regular User My SSO account\* is \_\_\_\_\_\_\_\_\_

\* SSO account is the username for accessing the IDC Secure Web Portal (swp.ctbto.org)

REGISTRATION FORM

**Please fill out the form electronically. If you use pen, please write legibly in block. Name should be written as it appears in your PASSPORT!**

**Ms. [ ]  Mr. [ ]**

**FAMILY NAME FIRST NAME(S)**

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

|  |  |  |
| --- | --- | --- |
| **NATIONALITY** | **DATE OF BIRTH (DD/MM/YYYY)** | **PLACE OF BIRTH** |
|  |  |  |  |  |

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| --- | --- | --- | --- |
| **PASSPORT No** | **ISSUING DATE** | **EXP. DATE** | **DEPARTURE CITY** |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **MOBILE (INCL. INT CODE)** | **WORK PHONE** | **EMAIL** |
|  |  |  |  |  |

**CONTACT PERSON IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE)**

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

**KNOWLEDGE OF LANGUAGES. What is your mother tongue?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Read** | **Write** | **Speak** | **Understand** |
| **OTHER LANGUAGES** | **Easily** | **Not easily** | **Easily** | **Not easily** | **Fluently** | **Not fluently** | **Easily** | **Not easily** |
| **ENGLISH** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**CURRENT EMPLOYMENT**:

|  |  |  |
| --- | --- | --- |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name, address and phone number of the institution/employer | Type of business  |
| BRIEF DESCRIPTION OF YOUR DUTIES |
|  |

**EDUCATION and TRAINING**

|  |
| --- |
| **A. University or equivalent** |
| Name, place and country | Years attended | Degrees and academic distinctions | Main course of study |
|  | from | To |  |  |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **B. Relevant professional training** |
| Name, place and country | Type | Years attended | Certificates or diplomas obtained |
|  |  | From | to |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### DIRECTOR OF INSTITUTION CANDIDATE

(Name, date, signature) (Date, signature)

|  |  |  |
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| ............................................................ | ........................................................ |  |

This Registration Form must be returned through the appropriate country’s Permanent Mission in Vienna or Ministry of Foreign Affairs **by latest 15 February 2025**,in order for a candidate to be considered for the programme. Please send to:

Capacity Building and Training Section (IDC/CBT)

CTBTO Preparatory Commission

P.O. Box 1200, A-1400

Vienna, Austria

Tel: +43 1 26030 6132

Email: training@ctbto.org

However, pending the official nomination, participants may email the registration form upon its approval by a director of the institution, to allow timely travel and accommodation arrangements by the PTS.

**Each participant is responsible for obtaining his/her own visa to AUSTRIA, upon receipt of an official Acceptance Note Verbale from the Provisional Technical Secretariat.**