

# Participation Form

## International Training Course for Newcomer Countries on State Systems of Accounting for and Control of Nuclear Material

Daejeon, Republic of Korea

26 August – 6 September 2024

To be completed by the participant and sent to the competent national authority (e.g. Ministry of Foreign Affairs, Permanent Mission to the IAEA, or National Atomic Energy Authority) of his/her country for subsequent transmission to the International Atomic Energy Agency (IAEA) either by email to: [Official.Mail@iaea.org](mailto:Official.Mail@iaea.org) or by fax to: +43 1 26007 (no hard copies needed). Please also send a copy by email to the Scientific Secretary [M.Baldassari@iaea.org](mailto:M.Baldassari@iaea.org) and to the Administrative Secretary [M.Villa-Godinez@iaea.org](mailto:M.Villa-Godinez@iaea.org).

### Deadline for receipt by IAEA through official channels: 31 May 2024

Representing following Member-State/ non-Member State/entity or invited organization:		
Family name(s): (same as in passport)	First name(s): (same as in passport)	Mr/Ms:
Name of Institute/Affiliation:		
Address of Institute/Affiliation:		
Tel. (Fax) Office/Mobile:		
Email:		
Date of birth (YYYY-MM-DD):	Place of birth:	
Nationality:	Passport number:	
Date/Place of issue of passport:	Passport valid until:	

### 1. Education (post-secondary):

Name and place of institution	Field of study	Diploma or Degree	Years attended	
			from	to

**2. Recent employment record (starting with your present post):**

Name and place of employer/ organization	Title of your position	Type of work	Years worked from      to	

**3. Description of work performed over the last three years:**

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**4. Previous participation in IAEA activities**

I have participated in the following IAEA events:

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**5. Relevance of the event:**

How do you envisage applying the knowledge and/or experience gained from the event to your current work role?

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**6. Language ability:**

The designating authority confirms that the participant is proficient in the language(s) in which the event is to be held.

Yes

**7. Medical status**

Both the designating authority and the applicant acknowledge that the applicant shall be solely responsible for any medical requirements or conditions that may arise while attending the event, and for any costs arising thereof.

Yes

**8. Request of financial support (subject to eligibility)**

- Yes
- No

**Date:**                      **Signature of applicant:** \_\_\_\_\_

**Date:**                      **Name, signature and stamp of Ministry of Foreign Affairs, Permanent Mission to the IAEA, or National Atomic Energy Authority** \_\_\_\_\_