

NDC Waveform Advanced Analyst Course including SeisComP

9 November to 4 December 2026

Vienna International Centre, Vienna, Austria

ELIGIBILITY CRITERIA AND PARTICIPANT PROFILE

Course Prerequisite

- To be considered for this course, applicants must have attended and completed the Three-Week Training Course on NDC Capacity Building: Access and Analysis of Waveform IMS Data and IDC Products.

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

- NDC staff Waveform analyst Radionuclide analyst
 Station operator Other, specify: _____

2. 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*)

3. Have you previously attended any NDC training courses? If yes, please list the training course name(s) and corresponding date(s) below, starting with the most recent. If you have attended more than five courses, please include only the five most recent ones.

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	
PASSPORT No	ISSUING DATE	EXP. DATE	DEPARTURE CITY
MOBILE (INCL. INT CODE)	WORK PHONE	EMAIL	

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

KNOWLEDGE OF LANGUAGES.

What is your mother tongue?

OTHER LANGUAGES	Read		Write		Speak		Understand	
	Easily	Not easily	Easily	Not easily	Fluently	Not fluently	Easily	Not easily
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT EMPLOYMENT AND TRAINING RELEVANCE

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

<p>RELEVANCE TO CURRENT DUTIES AND TRAINING NEEDS</p> <p>Please provide a short paragraph (150–200 words) addressing the following points:</p> <ul style="list-style-type: none"> • Your current level of involvement with waveform analysis (including years of experience, main tasks, and tools used). • How this advanced training is relevant to your duties at the NDC. • Your specific training needs and expected outcomes from this course.

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	

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DIRECTOR OF INSTITUTION

(Name, date, signature)

CANDIDATE

(Date, signature)

This Registration Form must be returned through the appropriate country's Permanent Mission to the CTBTO or Ministry of Foreign Affairs **by latest 9 August 2026**, 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 6457

Email: training@ctbto.org

However, pending the official nomination, participants may email the registration form, upon its approval by a Director/Head of the institution, to allow timely travel and accommodation arrangements to be made 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.