**NOMINATION FORM FOR MEDEA PROJECT**

**Verification Weighbridges**

**26 - 29 September, 2017 in** **Beijing, People’s Republic of China**

Please complete and email this form to [Anne.Hoepfner@ptb.de](mailto:Anne.Hoepfner@ptb.de)by   
**9 June 2017**. All nominations will undergo a selection process and will be evaluated by the members of the MEDEA Coordination Committee.

1. Participants are expected to be inspectors or industry representatives who verify weighbridges and staff with responsibility for training in the verification process. Selection of participants will be based on the following criteria:

* Responsibility for verification of weighbridges
* Responsibility for delivering training
* At least one year of practical experience in this field
* Amount of relevant practical experience
* Qualifications
* Quality of your Action Plan

**Only nominations supported by the director of your institution will be considered.**

|  |  |  |
| --- | --- | --- |
| **Nominee to complete this section** (Use separate nomination form for each nominee) | | |
| Economy | | |
| Institution | | |
| Department | | |
| Title Ms.  Mrs.  Mr.  and if applicable Dr.  Prof. | | |
| First Name       Last Name | | |
| Gender Female  Male | | |
| Date of Birth Day    Month    Year | | |
| Passport number       Date of Expiry | | |
| Airport of Departure | | |
| Dietary Requirements | | |
| Email       Telephone | | |
| Address | | |
| Education Qualification       Year  Qualification       Year  Qualification       Year | | |
| What is your current role including your responsibility in your institute? | | |
| How many years of experience do you have in the verification weighbridges? Please list the instrument capacities you have verified. | | |
|  | | |
| What specific area would you want the trainers to focus on in the lectures and demonstrations? | | |
| Please explain the current situation about verification weighbridges in your economy. If applicable, the explanation should include; any problems you encounter when testing weighbridges. | | |
| What is your experience in training others? | | |
| What changes will you implement in your economy as a result of this training course? | | |
| Complete your Action Plan below to show how you will implement the lessons learnt from the training course. Action Plan add additional lines if required | | |
| Due Date | Activity | Who and how many people will be involved |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| After this training course, you will be expected to share what you have learnt about the verification of weighbridges within your economy by delivering training programs. By submitting this form, you agree to: (Please tick all boxes):  give your manager/director progress reports on the Action Plan  ensure the Action Plan is implemented  produce a report on implementation of your Action Plan  **APLMF Members**: include in your economy report at the next APLMF meeting  **Non-APLMF Members**: email to the APLMF Secretariat to be distributed as a meeting document. | | |
| Are you willing to deliver a lecture or demonstration in support of other trainers at an international training course in the future?  1 Yes  2 No | | |

***Please have the following section filled in by your director!***

|  |
| --- |
| **Director to complete this section** |
| Name |
| Position |
| Email |
| What skills does the nominee have that make him / her suitable for the training course? |
| Describe the potential you see for the nominee to be a future manager/leader in your economy |
| Would you support the nominee as a prospective trainer for delivering training programs within the region in the future?  1 Yes  2 No |
| Please explain how attendance at this training course will support your economy to enhance the testing of weighbridges? |
| How good are the nominee’s English communication skills?  Speaking  1 Basic 2 3 4 5 Excellent  Written  1 Basic 2 3 4 5 Excellent  Note: *Basic* is the level equivalent to score 500 of TOEIC or score 50 of TOEFL (iBT). |
| I endorse this nomination and I will:  support the implementation of the Action Plan  ensure a report on the Action Plan will be included in the economy report at the next APLMF Meeting |
| Signature |

**Nomination Form to be submitted by the Director.**