**TRAINING NOMINATION FORM FOR MEDEA PROJECT**

**Training Course on the Verification of Fuel Dispensers**

11 to 13 July 2016 in Pattaya City, Thailand

Please complete and email this form to stefanie.scheschinski@ptb.de by **10 April**.

All nominations will undergo a selection process and will be evaluated by the members of the MEDEA Coordination Committee.

Selection of participants will be based on the following criteria:

* Years of practical experience in the area of verification of fuel dispensers
* Experience in training other staff members
* Years of responsibility for implementation metrological control of fuel dispensers
* Willingness to train others within your economy as well as within the framework of future APLMF courses
* Years of experience as an inspector

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 and for implementing metrological control of fuel dispensers? | | |
| How long have you worked as an inspector? | | |
| How many years of experience do you have in verifying fuel dispensers? | | |
| If you are new in this field, do you plan to work in this field in the future?  If yes, how long?  No  Yes If yes  1 year  5 years | | |
| What specific area would you want the trainers to focus on in the lectures and demonstrations? | | |
| Briefly explain how fuel dispensers are controlled in your economy. Include information about legislation, traceability system, number of inspectors or approved persons, verification periods. | | |
| 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 you will be expected to implement change within your economy in order to improve your capability and harmonisation with OIML. By submitting this form you verify that if you are accepted for training you will:  give your manager progress reports on the Action Plan  ensure the Action Plan is implemented  produce a report on implementation of the Action Plan for the next APLMF meeting | | |
| 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 section on page 3 filled in by your director!**

|  |
| --- |
| **Director to complete this section** |
| Name |
| Position |
| Email |
| What skills does the nominee have that makes them 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 improve the regulation of fuel dispenser in your economy? |
| 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 reportat the next APLMF Meeting |
| Signature |

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