**TRAINING NOMINATION FORM FOR MEDEA PROJECT**

**Train-the-Trainer Course on the   
Verification of Non-automatic Weighing Instruments**

28 Nov to 1 Dec 2016 in Kuala Lumpur, Malaysia

Please complete and email this form to stefanie.scheschinski@ptb.de   
by **29 August 2016**.

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 NAWIs
* Experience in training other staff members
* Years of responsibility for implementation metrological control of NAWI
* 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.

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| **Nominee to complete this section** (Use separate nomination form for each nominee) | | |
| Economy | | |
| Institution | | |
| Department | | |
| Title Ms.  Mrs.  Mr.  and if applicable Dr.  Prof. | | |
| Given Name       Surname | | |
| 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 NAWIs? | | |
| How long have you worked as an inspector? | | |
| How many years of experience do you have in NAWIs? | | |
| What specific area would you want the trainers to focus on in the lectures and demonstrations? | | |
| Briefly explain how NAWIs 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!**

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| **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 NAWIs 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 report at the next APLMF Meeting |
| Signature |

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