**Annex I.**

**NOMINATION OF A PARTICIPANT TO A CAPACITY-BUILDING ACTIVITY ORGANIZED BY THE SECRETARIAT OF THE CONVENTION ON BIOLOGICAL DIVERSITY**

*Fields / sections marked with an asterisk (***\****) are mandatory*

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| **I. CAPACITY-BUILDING ACTIVITY**  |
| Title of the activity:\* | <Text entry> |
| Date when activity will take place:\* | <Text entry> |

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| **II. BRIEF PROFILE (min. 150 words)**\*Briefly describe the experience of the nominee as it relates to the goals of the capacity-building activity as well as a description of how the nominee will be able to apply the knowledge acquired during the activity in future endeavours. |
| <Text entry> |

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| 1. **PERSONAL INFORMATION**\*
 |
| Title:\* | [ ]  Ms. [ ]  Mr.  |
| First Name:\* | <Text entry> |
| Last Name:\* | <Text entry> |
| Address: | <Text entry> |
| Telephone:\*[[1]](#footnote-2) | <Text entry> |
| Email:\* | <Text entry> |
| 1. **CURRENT EMPLOYMENT\***
 |
| Name of Employer / Organization / Company:\* | <Text entry> |
| Department / Division / Unit:\* | <Text entry> |
| Address: | <Text entry> |
| Start Date:\* | <YYYY> |
| Type of Organization:\* | [ ]  Academic or research institute [ ]  Government agency[ ]  Inter-Governmental Organization (IGO)[ ]  Non-Governmental Organization (NGO)[ ]  Private sector (business and industry)[ ]  UN and other specialized agency of the UN Common System[ ]  Other: <Text entry> |
| Main Areas of Responsibility\*:[[2]](#footnote-3) | <Text entry> |

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| 1. **EMPLOYMENT HISTORY**
 |
| Name of Previous Employer: | <Text entry> |
| Department / Division / Unit: | <Text entry> |
| Start and End Date: | <YYYY - YYYY> |
| Type of Organization:\* | [ ]  Academic or research institute [ ]  Government agency[ ]  Inter-Governmental Organization (IGO)[ ]  Non-Governmental Organization (NGO)[ ]  Private sector (business and industry)[ ]  UN and other specialized agency of the UN Common System[ ]  Other: <Text entry> |
| Main Areas of Responsibility:[[3]](#footnote-4) | <Text entry> |
| 1. **POST-SECONDARY EDUCATION BACKGROUND**
 |
| **First Degree** (e.g. B.Sc. in Microbiology)\* |
| Title:\* | <Text entry> |
| Name of academic institution:\* | <Text entry> |
| Start and End Date:\*  | *From* <YYYY> *to* <YYYY> |
| **Second Degree** (e.g. M.Sc. in Microbiology) |
| Title: | <Text entry> |
| Name of academic institution: | <Text entry> |
| Start and End Date: | *From* <YYYY> *to* <YYYY> |
| **Third Degree** (e.g. Ph.D. in Microbiology) |
| Title: | <Text entry> |
| Name of academic institution: | <Text entry> |
| Start and End Date: | *From* <YYYY> *to* <YYYY> |
| 1. **LANGUAGE PROFICIENCY\***
 |
| Arabic: Chinese: English: French: Russian: Spanish: Other: <Specify> | [ ] Excellent [ ] Good [ ] Fair[ ] Excellent [ ] Good [ ] Fair[ ] Excellent [ ] Good [ ] Fair[ ] Excellent [ ] Good [ ] Fair[ ] Excellent [ ] Good [ ] Fair[ ] Excellent [ ] Good [ ] Fair[ ] Excellent [ ] Good [ ] Fair |
| 1. **Professional References** Please indicate the name and email of *at least one* professional reference
 |
| Reference 1:\* | Name: <Text entry>E-mail: <Text entry> |
| Reference 2: | Name: <Text entry>E-mail: <Text entry> |
| Reference 3: | Name: <Text entry>E-mail: <Text entry> |

**Annex II.**

**HR MINI MASTER REGISTRATION FORM**

NOTE: This form is to be used by non-staff individuals including meeting participants and staff administered by other agencies.

**Instructions:**

1. Please answer each field completely. TYPE or PRINT in dark ink.
2. Please attach copy of passport. Please understand Government ID as passport only.

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| ***Part A – General Data*** |  |
| **Title** (Mr./Mrs./etc): |       |  |
| **First Name** (as in Government ID): |       |  |
| Middle Name (as in Government ID): |       |  |
| **Last Name** (as in Government ID): |       |  |
| **Have you worked with the UN in the past?** | Yes [ ]  No [ ]  | **If yes, please provide Index Number** |       |  |
| **Date of Birth** (dd/mm/yyyy): |       |  |
| Place of Birth(Country)**:** |       | (City): |       |  |
| **Gender:** | Male [ ]  Female [ ]  |  |
| **Nationality:** |       |  |
| **Email Address**: |       |  |
| **Telephone Number**: |       |  |
| **Address**: |       |  |
|       |       |       |  |
| (**City**) | (Zip Code) | **(Country)** |  |
| **ID Number: (Passport)** |       |  |
| **ID Date of Issue** (mm/dd/yyyy)**:** |       | **ID Valid to date** |       |  |
| **ID Place of Issue:** |       |  |
| **ID Country of Issue:** |       |  |

**Travel Information details:**

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| **Departure City:** |       |  |
| **Return City:** |       |  |

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| ***Part B – Banking Data******(UNEP/SCBD comment: Bank details will not be used for transactions without prior written consent by Delegate/Participant/Non-Staff)*** |
| Account Title: |       | (Refer #1) |
| Currency of payment: |       |  |
| Name of Bank: |       |  |
| Address of Bank: |       |  |
|  |       |       |       |  |
|  | (City) | (Zip Code) | (Country) |  |
| Bank ID number: |       | (Refer #2) |
| Account # or IBAN: |       |  |
| Currency of Account: |       |  |
| Type of Account: | Checking [ ]  | OR | Savings [ ]  | (Refer #3) |
| Routing Instructions |       | (Refer #4) |
| ***Part C – Certification by Non-Staff/External Individual*** |
| Full Name:  |       |
| By checking this box I certify that the above information is accurate: | [ ]  | Date (mm/dd/yyyy): |       |
| ***Part D – To be filled by HR Mini Master Administrator*** |
| Personnel Subarea (Duty Station) of engagement/meeting: |       |  |
| Personnel Area (Country) of engagement/meeting: |       |  |
| Effective date (dd/mm/yyy): |       |  |
| Name & Signature(HR Mini Master Administrator) |       |  |
| Date (mm/dd/yyyy): |       |  |

1. +[country code] [city code] [telephone number] [extension, if necessary]. [↑](#footnote-ref-2)
2. Briefly describe how the responsibilities of the nominee relate to the goals of the capacity-building activity [↑](#footnote-ref-3)
3. Briefly describe how the responsibilities of the nominee relate to the goals of the capacity-building activity. [↑](#footnote-ref-4)