**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)