Ref.: SCBD/CPU/DC/WM/AMC/MW/91872 11 September 2024

**N O T I F I C A T I O N**

**Nomination of experts to the Training course for Caribbean States on risk assessment of living modified organisms**

**2-6 December 2024 – St. John’s, Antigua and Barbuda**

Dear Sir or Madam,

In its decisions [BS-VI/12](https://www.cbd.int/decision/mop/default.shtml?id=13245) and [CP-VIII/12](https://www.cbd.int/doc/decisions/mop-08/mop-08-dec-12-en.pdf), the Conference of the Parties serving as the meeting of the Parties to the Cartagena Protocol on Biosafety requested the Executive Secretary, subject to the availability of resources, to support regional and subregional capacity-building activities on risk assessment of living modified organisms.

In response to these requests, and with support from the Government of the Republic of Korea through the Korea Biosafety Capacity-Building Initiative, the Secretariat of the Convention on Biological Diversity has organized a series of workshops to build and develop regional capacity on the risk assessment of living modified organisms. For the final workshop under this initiative, the Secretariat, in collaboration with the Government of Antigua and Barbuda, is organizing a training course on risk assessment of living modified organisms for the Caribbean States, to be held in St. John’s, Antigua and Barbuda from **2 to 6 December 2024**, with the objective of providing theoretical and hands-on training for participants. The workshop will address the following:

1. The risk analysis and risk assessment processes (concepts, methodology, key issues to be considered);
2. Problem formulation approach (hypothesis formulation, risk scenarios);
3. Hands-on training in the evaluation of case studies of living modified organisms for environmental release.

Accordingly, I am pleased to invite your Government to nominate a representative to take part in the workshop. The nominee must be involved, or is expected to be involved, in conducting risk assessment of living modified organisms, and must have an understanding of molecular biology, biotechnology and biology concepts related to biosafety. The workshop will be conducted in the English language.

The official nomination letter must be accompanied by:

(i) Annex I - nomination form, duly completed, indicating the activities in which the nominee has been involved that are relevant to biosafety and risk assessment of living modified organisms, as well as the anticipated benefits of the workshop;

(ii) Annex II - HR Mini Master Registration Form duly completed (Parts A and B);

(iii) Copy of the bio page of a valid national passport for the nominee, which will enable the Secretariat to process the travel.

Participants will be selected on the basis of their relevant expertise, as well as geographical representation and gender balance. Only complete forms and nominations submitted through the Cartagena Protocol Focal Point will be considered.

Due to the limited availability of funds for the workshop, only nominees from eligible Parties to the Cartagena Protocol will receive financial assistance to cover the cost of travel and a daily subsistence allowance.

Relevant organizations with biosafety-related activities are also welcome to nominate representatives with practical experience in the subject matter of the workshop, by submitting an official nomination letter signed by the head/senior authority and completing the attached Annex I. Please note that due to space restrictions, nominations by Parties will have priority.

Nominations should be sent to the Secretariat via e-mail to [secretariat@cbd.int](mailto:secretariat@cbd.int). In order to enable the Secretariat to finalize arrangements for the workshop in a timely manner, it would be appreciated if nominations are sent as soon as possible but **no later than 30 September 2024**. Applications received after this deadline will not be considered.

Thank you for your continued cooperation and support to the work of the Convention on Biological Diversity and the Cartagena Protocol on Biosafety.

Please accept, Sir, Madam, the assurances of my highest consideration.

*(Signed*) Astrid Schomaker

Executive Secretary

Enclosures

**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> |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **PERSONAL INFORMATION**\* | | | |
| Title:\* | | Ms.  Mr. | |
| First Name:\* | | <Text entry> | |
| Last Name:\* | | <Text entry> | |
| Address: | | <Text entry> | |
| Telephone:\*[[1]](#footnote-1) | | <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-2) | <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-3) | | | | <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/yyyy): | | |  | | | | |  | |
| Name & Signature  (HR Mini Master Administrator) | | |  | | | | |  | |
| Date (mm/dd/yyyy): | | |  | | | | |  | |

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