The Secretary-General is pleased to announce that the thirty-fourth Advanced Course on Port Operations and Management, sponsored by, amongst others, the International Maritime Organization (IMO) and the "Grand Port Maritime du Havre", is to be held in Le Havre, France, from 7 September to 9 October 2020. The course will be delivered by the Institut Portuaire d’Enseignement et de Recherche (IPER) and is open to 20 participants.

The main purpose of the course is to assist developing countries to improve the management and operational efficiency of their ports. It is designed for high-level officials and decision-makers of maritime and/or port authorities and/or Administrations from developing countries.

The course will be conducted in both English and French. It will consist of lectures by senior managers of port authorities, maritime specialists and university professors and includes field trips. The objectives of the course are to:

1. give the participants an extensive insight into port operations and management, including the impact of new technologies; and
2. provide a forum for discussion and facilitate knowledge transfer on port management, the implications of emerging technical issues and the implementation of related IMO conventions.

The course will address the issues impacting efficient port management by reviewing the different aspects of port functionality. The main topics will include, inter alia:

1. Port organization and challenges;
2. Port economy;
3. Master plan;
4. Ship call operations and management;
.5 Port technology and information system;
.6 Port security;
.7 Port works and maintenance;
.8 Public domain management;
.9 Port tariffs;
.10 Port marketing and commercial action; and
.11 Port environment.

5 Course fees, accommodation and some meals will be covered for the 20 selected participants, through donor funding, including IMO funding. In addition, IMO will provide each participant with €30 per day to cover dinner, weekend meals and incidental expenses.

6 Participants are responsible for:

.1 obtaining, at their own risk, and at their expense and/or at the expense of the nominating authority or their employer, the required visa for entry and stay in France for the duration of the course;

.2 obtaining, at their own risk, and having in place at all times, at their expense and/or at the expense of the nominating authority or their employer, for the period between the time of their departure from the place in their home country where they will be commencing their travel to participate in the course and the time of their return to the place in their home country where they will be ending their travel after participating in the course, adequate medical and travel insurance which shall be valid for all countries which the participant may be staying or travelling to or from or transiting through and irrespective of the purpose or reason for the travel or the mode of transport. The selected participants will be required to provide documentary evidence to this end prior to the issue of the formal letter of their acceptance;

.3 making, at their own risk, and at their expense and/or at the expense of the nominating authority or their employer, arrangements for their medical examination. The selected participants may be required to provide related documentary evidence to this end, including in connection with registration, licensing or accreditation of the examining physician(s), prior to the issue of the formal letter of their acceptance; and

.4 making, at their risk, arrangements for their travel to and from Le Havre, France. It is expected that the nominating authority or the employer of the participant will cover the cost for the travel. **IMO is not in a position to cover travel costs.** However, participants may, with the consent of the nominating authority or their employer, secure their own funding to cover the cost of their travel.

7 Applicants must be fluent English or French speakers and be able to demonstrate that, through their participation in the course, they will benefit their country.
8 As part of the Organization's contribution towards the realisation of the Sustainable Development Goals (SDGs) of the United Nations' 2030 Agenda for Sustainable Development and specifically SDG 5 whose aim is to achieve gender equality and empower women and girls, the nominating authorities are strongly urged to put forward female candidates who meet the criteria for admission to the course. The selection process would seek to maximize the number of qualified female applicants attending the course. Naturally, it is well understood that there may be circumstances where the nomination of female applicants who meet the criteria for admission to the course may not be possible and the needs of the country will have to be met by nominating qualified male applicants.

9 In addition, nominating authorities are strongly advised to refrain from putting forward applicants who have graduated from the World Maritime University (WMU) and/or the IMO International Maritime Law Institute (IMLI) since this course is offered with a view to providing training opportunities for those who have not benefitted from the education offered by WMU and/or IMLI. The selection process sets aside applications from WMU and IMLI graduates and applications from graduates who do not disclose their WMU and IMLI qualifications and studies will be considered incomplete and consequently may be eliminated from the selection process.

10 Participation is offered on the widest possible geographical basis, but the number of admissions per country is limited. Accordingly, should nominations be made for two or more candidates from one country, a priority order should be indicated by the nominating authority.

11 Applications must be made using the attached application form (annex 2) and the attached guidance and instructions for the completion of the application form (annex 1) must be strictly adhered to. Applications must reach IPER, as indicated on the attached guidance and instructions, no later than 30 April 2020.

12 Participants and nominating authorities should note that only the candidates who have been selected for an IMO fellowship award will be contacted. Please note also that IMO will not enter into correspondence with the nominating authorities nor the applicants regarding the status of their applications.

13 The Secretary-General wishes to take this opportunity once again to express appreciation to the Government of France for its ongoing support for this training programme.
ANNEX 1

Thirty-fourth Advanced Course on Port Operations and Management,
Le Havre, France, 7 September to 9 October 2020

Guidance and instructions for completion of the application form

1 Applications for this course should be submitted to IPER by the nominating Government on behalf of their candidate(s) no later than 30 April 2020. Applications received after that date will not be considered.

2 Applications for this course must be made using the attached application form, which should be TYPEWRITTEN or completed in BLOCK CAPITALS IN BLACK INK, as follows:

- part I of the application form must be completed and signed by a duly authorized officer of the nominating Government. This part should be completed after the candidate has completed parts II and III and the examining physician has completed part IV. The official seal or stamp of the authority nominating the candidate must be affixed to this part;

- part II of the application form must be completed and signed by the candidate. This part should include details of previous maritime and/or port related experience of the applicant; an explanation of the benefits the candidate hopes to derive from the training; and how the candidate will transfer the acquired knowledge to his/her colleagues on returning to his/her post. In addition, the applicant should provide details of any port-related issues in which the candidate has a particular interest;

- part III of the application form should be completed and signed by the applicant. This part should be presented to the examining physician(s); and

- part IV of the application form should be completed after the candidate has been examined by a registered, licensed or accredited physician(s), in accordance with the local laws.

3 The completed application form together with a copy of the candidate's passport (showing, as a minimum, the name of the holder, the passport number, date and place of issue and date of expiry) as well as an official letter confirming the release of the candidate by his/her employer, should he/she be selected for the course, should accompany the completed application form and be sent by email to Ms. Loan Lenormand, IPER (email address: llenormand@em-normandie.fr), with a copy to martrain@imo.org

4 Applicants who have submitted all the required documents should be aware that, should they be selected for the course, an assessment of their level of the course language may be undertaken by IPER, via teleconference or telephone, prior to offering a place to the course.

5 Candidates are strongly urged to ensure that their applications are complete in all respects as incomplete applications will not be considered. IMO will not accept re-submission of incomplete applications.

6 All dates must be in dd/mm/yyyy format.
7 The application form, in Microsoft Word format, may be requested from the Technical Cooperation Division of the International Maritime Organization by sending an email to: martrain@imo.org

***
ANNEX 2

Application to attend the
Thirty-fourth Advanced Course on Port Operations and Management,
Le Havre, France, 7 September to 9 October 2020

Part I – Nomination (to be completed by a duly authorized officer of the nominating Government)

The Government of nominates:

Family name or Surname: 

First Name(s): 

Middle Name(s): 

Maiden or other Name(s) (if any): 

for a fellowship to study at the 34th Advanced Course on Port Operations and Management and certifies that:

(a) the studies to be made under this fellowship are necessary for the advancement of the economic or social or sustainable development of the country and/or of the public administration of the country to the same end, and that in the case of a fellowship being granted, full use would be made of the fellow in the field covered by the fellowship;

(b) all information supplied by the nominee is true, complete and correct to the best of my knowledge and belief;

(c) the nominee has an adequate working knowledge, appropriately tested, of either English or French, in which languages this course will be presented;

(d) the absence of the nominee during the period of the studies abroad would not have any adverse effect on the nominees status, seniority, salary, pension or similar employee rights;

(e) the nominee's salary and benefits will continue to be paid while the nominee is attending the course;

(f) the nominee has adequate medical and travel insurance coverage to cover his/her stay in Le Havre and return travel to his/her home country; and

(g) this administration has allocated funding to pay for the travel and visa costs of the nominated candidate to attend the course, should he/she be selected to participate.

On return from the fellowship it is proposed to employ the fellow as follows:

Title of post: 

With the following duties and responsibilities: 

I the undersigned, hereby certify that I am duly authorized by the said Government to make this nomination and state that:

my title is: 

and my office address is: 

Signed and dated by me at: ___________________________ on ___________________________.

Signature of authorized official

\C_L\CL.4193.docx
Part II – Candidate Information (to be completed by the candidate)

1. Personal details
   - Family name or Surname: 
   - First Name(s): 
   - Middle Name(s): 
   - Maiden or other Name(s) (if any): 
   - Place of birth: 
   - Country of birth: 
   - Date of birth: 
   - Nationality: 
   - Sex: Male □ Female □ 
   - Marital status: Single □ Married □ Divorced □ Widow(er) □ Separated □

2. Passport Number: 
   - Place of issue: 
   - Date of issue: 
   - Date of expiry: 

3. Home address: 
   - Home telephone: 
   - Mobile telephone: 
   - Home email: 

Emergency contact details

4. Name: 
   - Relationship: 
   - Address: 
   - Work telephone: 
   - Home telephone: 
   - Mobile telephone: 
   - Email: 

5. Preference of the course language 
   - English □ 
   - French □

Language skills (list your mother tongue first)

<table>
<thead>
<tr>
<th>Language</th>
<th>Read</th>
<th>Write</th>
<th>Speak</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
</tr>
<tr>
<td>English</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>French</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Other port management courses attended in the last 3 years (list most recent first)

6. Year 
   - Subject 
   - Country 
   - Duration
### Secondary and tertiary education (list most recent first)

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Years of Study</th>
<th>Subject(s)</th>
<th>Qualification(s)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Have you studied at WMU and/or IMLI?  
Yes [ ]  No [ ]

If you studied, which year did you graduate? __________________________

### Employment  (for each post, please provide full details, including duties and responsibilities)

**A  Current post:**  
Job Title: ______________________

From: _________ To: _________  
Name of Employer: ______________________

Employer Address: ______________________

Name of Supervisor: ______________________

Work telephone: ______________________  Work email: ______________________

Main duties and responsibilities:

________________________________________________________________________

________________________________________________________________________

**B  Previous post:**  
Job Title: ______________________

From: _________ To: _________  
Name of Employer: ______________________

Employer Address: ______________________

Name of Supervisor: ______________________

Work telephone: ______________________  Work email: ______________________

Main duties and responsibilities:

________________________________________________________________________

________________________________________________________________________
### C Previous post:  

| From: | To: | Government | Private | NGO |

| Name of Employer: |  
| Employer Address: |  
| Name of Supervisor: |  
| Work telephone: | Work email: |  

Main duties and responsibilities:

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### 12 Expected Outcomes  
(Please describe below how this course will help you in your work following your return home, and indicate the opportunities which you will have to transmit the knowledge gained to your colleagues)

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### 13 Declaration and undertaking

I certify that the information I have provided in this application is true, complete and correct to the best of my knowledge and belief. If selected as a fellow, I undertake to:

- conduct myself at all times in a manner compatible with my status as an international student at IPER as well as a student whose studies are funded by IMO;
- devote and spend the time during the period of the course in studying as directed by IPER and as expected from me as an international student;
- refrain from engaging, during the period between the time of the departure from my home country to participate in the course and the time of my return to my home country after participating in the course, in any political, commercial or any activities other than those which are strictly related and/or covered by the programme of the course;
- undertake any pre-course preparatory studies and/or work; and, prior to the commencement, during and/or after the end of the course, submit reports and/or participate in any assessments and/or evaluations, in accordance with the requirements specified by, and/or arrangements made by, IPER and/or IMO;
- obtain and have in place, at my expense and/or the expense of the nominating authority or my employer, for the period between the time of the departure from the place in my home country where I will be commencing my travel to participate in the course and the time of my return to the place in my home country where I will end my travel after participating in the course, at all times, adequate medical and travel insurance which shall be valid for all countries which I may be staying or travelling to or from or transiting through and irrespective purpose or reason for the travel or the mode of transport; and
- return, the soonest practically possible, to my home country after the end of my participation in the course.

Date:  
Signature of Candidate:  

---
Part III – Medical declaration *(to be completed by the candidate and given to the examining physician(s))*

**Personal details**

1. **Family name or Surname:**
   
   First Name(s): ____________________________________________
   
   Middle Name(s): ____________________________________________
   
   Maiden or other Name(s) (if any): ________________________________
   
   Place of birth: ___________________________ Date of birth: __________
   
   Resident address: ____________________________________________

2. **Health-related information**

M1. Have you ever previously undergone a United Nations medical examination? Yes ☐ No ☐

If so, please state when, where and why:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Reason</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

M2. Have you ever had or are you currently experiencing any of the following:

<table>
<thead>
<tr>
<th>Check each item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any heart disease?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Severe pain or pressure in chest?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Persistent cough?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tuberculosis?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diabetes?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Backache?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hernia (rapture)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Any allergies?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check each item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent indigestion?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Depression, excessive worry or anxiety?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fainting spells?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Epilepsy or fits?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Any nervous or mental disorders?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Foot or leg conditions?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Any skin disease?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Malaria?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Amoebic dysentery?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

M3. Please give details of all serious illnesses, injuries or operations you have had:

<table>
<thead>
<tr>
<th>Type of illness or operation</th>
<th>Period of disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
M4  Do you take any medication regularly? Yes ☐ No ☐
    If so, please give details: ____________________________________________
    ____________________________________________
    ____________________________________________

M5  Do you have any condition which may require further treatment during your course? Yes ☐ No ☐
    If so, please give details: ____________________________________________
    ____________________________________________
    ____________________________________________

M6  My health and travel insurer is: ________________________________
    and my insurance cover is valid until: _______________

10  Declaration and undertaking
    I certify that the above statements are true, complete and correct to the best of my knowledge and belief.

    Date: ________________    Signature of Candidate: ________________________________
Part IV – Medical examination *(to be completed by the examining physician(s))*

**Personal details**

1. Family name or Surname: ________________________________
   First Name(s): ________________________________
   Middle Name(s): ________________________________
   Maiden or other Name(s) (if any): ________________________________
   Place of birth: ________________________________ Date of birth: ________________________________
   Resident address: ________________________________

I confirm that I have checked the candidate’s answers, in part III of the application and have the following comments:

____________________________________________________________

____________________________________________________________

I have carried out the following examination, which I consider necessary, in view of the candidate’s answers, in order to detect physical or mental disease which might be a danger either to himself/herself or to others during the period of the course:

- Blood Pressure: ________________________________
- Pulse Rate: ________________________________
- Urine: Albumin: ________________________________
- Sugar: ________________________________
- Other (specify examination or tests and results): ________________________________

In my opinion, the candidate is fit ☐ / not fit ☐ for this course.

I declare that I am a registered, licensed or accredited physician(s) in accordance with the local laws.

Exchanging Physician

Date of examination: ________________________________
Name: ________________________________
Practice address: ________________________________
Signature: ________________________________

Exchanging Physician

Date of examination: ________________________________
Name: ________________________________
Practice address: ________________________________
Signature: ________________________________

[affix practice stamp]

[affix practice stamp]