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Circular letter No.3358  
5 April 2013

To: All IMO Member States

Subject: **Twenty-seventh Advanced Course on Port Operations and Management, Le Havre, France, 9 September to 11 October 2013**

1 The Secretary-General is pleased to announce that the twenty-seventh Advanced Course on Port Operations and Management, sponsored by the International Maritime Organization and the "Grand Port Maritime du Havre", is to be held in Le Havre, France, from 9 September to 11 October 2013.

2 The main purpose of the course is to assist developing countries to improve port management and operational efficiency. It is designed for top level officials and executives of ports, i.e. port general managers, or immediate assistants, of developing countries.

3 The course will be conducted in English and French and will consist of lectures by senior executives of port authorities, port administrators and university professors, discussion periods and on-scene activities, with the objective of:

- .1 giving the participants an extensive view of port operations and management, including port security;
- .2 informing high level officials of port authorities and senior port managers of the impact of new technologies on port operations and management; and
- .3 providing a forum for discussion and exchange of ideas on port-related topics.

4 The course intends to raise the issues of port efficiency and technology by reviewing the different port functions and will include the following main topics:

- (a) Introduction;
- (b) Waterfront operations – receiving a ship;
- (c) Inland operations – cargo management;
- (d) Port security;
- (e) Port maintenance;
- (f) Port administration;
- (g) Port polices;
- (h) Conclusions and course appraisal.

5 Donor funding, including a limited number of IMO fellowships, will provide financial support to cover course fees, accommodation and some meals. IMO will provide each student with €20 per day to cover incidental expenses.

**Travel to and from Le Havre must be arranged and paid for by the relevant nominating Authority or by the participant.**

6 Participation in the course is restricted to 20 students with a good working knowledge of either English or French, so as to maximize the effectiveness of the training.

7 Nominations for this course should be made using the annexed IMO fellowship nomination form and **must include**:

- (i) A scanned copy of the **candidate's passport** (showing passport number and validity dates);
- (ii) The letter of transmission with the **official stamp** of the Maritime/Port Authority and **signed** by the competent director;
- (iii) Details of previous experience in ports; and
- (iv) Details of any particular port problems in which the candidate is interested.

8 Scanned copies of the signed nomination forms, **endorsed by the relevant government authority**, should be sent as soon as possible to IMO by e-mail (srabau@imo.org) and the original forms must be received by the Secretary-General of IMO **no later than 31 May 2013**. Nominations will only be considered firm upon receipt of the original documents at IMO.

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

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ANNEX



**FELLOWSHIP APPLICATION FORM**

**27th IMO/IPER Advanced Course on Port Operations and Management,  
Le Havre, France, 9 September to 11 October 2013**

**INSTRUCTIONS**

*This application must be completed, in **BLOCK CAPITALS** or **TYPEWRITTEN** and submitted to IMO by a senior official of the nominating Government on behalf of their nominated candidate.*

*All parts of the certified original Fellowship Application Form must be sent to IMO in London via courier. A scanned copy of the form should also be sent by e-mail to [srabau@imo.org](mailto:srabau@imo.org).*

The Government of \_\_\_\_\_ nominates \_\_\_\_\_

For a fellowship to study \_\_\_\_\_

and certifies that on return from the fellowship, it is proposed to employ the fellow as follows:

Title of post: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of responsible Government official: \_\_\_\_\_

Title: \_\_\_\_\_

Official \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place and date: \_\_\_\_\_ Signature \_\_\_\_\_

*Signature of responsible Government official*

**NB: Candidates can only be selected upon receipt of an original, officially signed and stamped, nomination form at IMO.  
Incomplete nomination forms cannot be accepted.**

**CANDIDATE INFORMATION**

1 Family name (surname): \_\_\_\_\_ First name: \_\_\_\_\_  
Other names: \_\_\_\_\_

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2 Work address: \_\_\_\_\_ Work telephone: \_\_\_\_\_  
 \_\_\_\_\_ Mobile: \_\_\_\_\_  
 \_\_\_\_\_ Work e-mail: \_\_\_\_\_  
 \_\_\_\_\_ Work fax: \_\_\_\_\_

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3 City of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Sex: Male  Female  Marital status: \_\_\_\_\_

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4 **Emergency Contact Details:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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5 Languages:

Mother tongue:	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

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6 **Similar courses attended in the last 3 years:** *Please list most recent first.*

Year	Subject	Country	Duration

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7 **Education:** *Start with last attended institution and work backwards.*

Name of Institution	Location	Years of Study	Subject(s)	Qualification(s)

8 **Employment:** *For each post, please provide full details, including duties and responsibilities.*

A: **Current post:** Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Organization (Government , Private , NGO )  
(dd/mm/yyyy) (dd/mm/yyyy)

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tel.: \_\_\_\_\_

Main duties and responsibilities:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

B: **Previous post:** Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Organization (Government , Private , NGO )  
(dd/mm/yyyy) (dd/mm/yyyy)

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tel.: \_\_\_\_\_

Main duties and responsibilities:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

c: **Previous post:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Type of Organization** (Government , Private , NGO )  
(dd/mm/yyyy) (dd/mm/yyyy)

**Name of Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_

**Main duties and responsibilities:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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9 **Expected Outcomes:** *Please describe below how this course will help you in your work following your return home.*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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10 I certify that the information I have provided in this application is true, complete and correct to the best of my knowledge. 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;
- Spend full time during the period of the award in the study programme as directed by the agency in the country of study and by IMO/IPER;
- Refrain from engaging in political, commercial or any other activities other than those covered by my work programme;
- Submit reports in accordance with the arrangements made by, and as required by, IMO; and
- Return to my home country at the end of the fellowship.

Date: \_\_\_\_\_ Signature of Candidate: \_\_\_\_\_

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**11 Medical Report**

Date of Report: \_\_\_\_\_

*dd/mm/yyyy*

Candidate Name: \_\_\_\_\_

*Family Name/First Name*

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

*To be completed by the Candidate*

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

If so, please state where, why and when:

Date: \_\_\_\_\_

Location: \_\_\_\_\_

*dd/mm/yyyy*

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

Check each item	Yes	No	Check each item	Yes	No
Any heart disease?			Frequent indigestion?		
Severe pain or pressure in chest?			Depression, excessive worry or anxiety?		
Persistent cough?			Fainting spells?		
Tuberculosis?			Epilepsy or fits?		
Diabetes?			Any nervous or mental disorders?		
Backache?			Foot or leg conditions?		
Hernia (rapture)?			Any skin disease?		
High blood pressure			Malaria?		
Any allergies?			Amoebic dysentery?		

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

Type of illness or operation	Period of disability

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 fellowship? Yes  No

If so, please give details: \_\_\_\_\_

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

Name of Candidate \_\_\_\_\_

Signature \_\_\_\_\_

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**THIS PART TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

I confirm that I have checked the Candidate's answers and have the following comments:

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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 fellowship:

Blood Pressure: \_\_\_\_\_ Pulse Rate: \_\_\_\_\_  
Urine: Albumin: \_\_\_\_\_ Sugar: \_\_\_\_\_

*Usually, for a Fellowship Candidate, it is only necessary for the Examining Physician to make a brief physical examination.*

In my opinion, the Candidate is **fit**  / **not fit**  for this fellowship.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Examining Physician* *Examining Physician*

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Official Stamp: \_\_\_\_\_  
*dd/mm/yyyy*

\_\_\_\_\_