



# 禁止化学武器组织

缔约国大会

第十届会议  
2005年11月7日至11日

C-10/DEC.8  
10 November 2005  
CHINESE  
Original: ENGLISH

## 决定

### 表述、确定或续延第十条第7款(c)项援助承诺的 援助问答表

缔约国大会，

**忆及**缔约国大会审查《化学武器公约》实施情况的第一届特别会议（下称“第一届审议大会”）重申《化学武器公约》（下称“《公约》”）第十条的规定仍然有意义，而且仍然重要；且认为在当前的安全形势下，这些规定甚至变得更有意义（RC-1/5 第7.92段，2003年5月9日）；

**忆及**大会第九届会议把“《公约》第十条规定的针对化学武器及其使用或威胁使用的援助和防护”列为2005年方案和预算的核心目标之一（C-9/DEC.14，2004年12月2日）；

**还忆及**根据《公约》第十条第7款(c)项，每一缔约国可按照第7款规定的向禁化武组织提供援助的义务，自行决定至迟于《公约》对其生效后180天宣布它可为响应禁化武组织的呼吁而提供何种援助；

**进一步忆及**第一届审议大会注意到“秘书处有必要评估根据第十条第7款(c)项作出的援助承诺，以便发现缺欠、过多和不协调之处，同时尽量减少对禁化武组织造成的资源需求”（RC-1/5 第7.98段）；

**进一步忆及**执行理事会（下称“执理会”）第四十一届会议注意到充分履行第十条的重要性；

**关切地注意到**截至2005年10月31日，只有64个缔约国满足了第十条第7款下的要求，即自行决定采取该款所规定的通过禁化武组织提供援助的各项措施中的一项或一项以上措施；并

**审议了**体现在本文所附的援助问答表中的指导方针；并**注意到**执理会有关此事的建议（EC-M-25/DEC1.，2005年11月9日）；



**特此：**

1. **敦请**尚未根据《公约》第十条第 7 款自行决定采取一项或一项以上援助措施的缔约国采取此种行动；
2. **建议**在依照第十条第 7 款(c)项提供援助时，以本文所附的援助问答表作为提交有关援助种类的资料和指导，不过应基于以下理解：
  - (a) 使用援助问答表是自愿的，不应有损于缔约国以另一种方式提交此种资料的权利或提供其他援助的权利；
  - (b) 缔约国有权自行决定采取第十条第 7 款规定的其他措施来履行其义务，诸如为自愿援助基金提供捐款以及与禁化武组织缔结提供援助的协定；及
  - (c) 对于所提供的资料，技术秘书处（下称“秘书处”）将给予缔约国所要求的保密等级；
3. **鼓励**秘书处根据缔约国的请求，协助其提交第十条第 7 款(c)项的援助承诺；并
4. **请**秘书处就第十条的履行状况向执行理事会定期作出汇报。

附件（只以英文提供）：

Guidance in the Form of a Questionnaire: Assistance Format for the Formulation, Specification, or Renewal of Offers of Assistance under Article X, Subparagraph 7(c), of the Chemical Weapons Convention

（问卷式指导：表述、确定、或续延《化学武器公约》第十条第 7 款(c)项援助承诺的援助问答表）

## Annex

GUIDANCE IN THE FORM OF A QUESTIONNAIRE<sup>1</sup>

**FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF  
OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE  
CHEMICAL WEAPONS CONVENTION**

**OFFER OF EXPERTS, INSTRUCTORS, OR STAFF<sup>2</sup>**

<b>State Party</b>				
<b>Date of submission</b>	Day:	Month:	Year:	
<b>Expertise being offered</b>				
1. What type of expertise is being offered?	Analysis and assessment	<input type="checkbox"/>	Chemical survey	<input type="checkbox"/>
	Disaster management	<input type="checkbox"/>	Detection and chemical reconnaissance	<input type="checkbox"/>
	Decontamination	<input type="checkbox"/>	Disposal of explosives	<input type="checkbox"/>
	NBC <sup>3</sup> protection	<input type="checkbox"/>	Medical doctors and experts	<input type="checkbox"/>
	Medical treatment for exposure to chemical warfare agents	<input type="checkbox"/>	Medical treatment of mass casualties	<input type="checkbox"/>
	Search and rescue in contaminated areas	<input type="checkbox"/>	Sampling and analysis	<input type="checkbox"/>
	Urban search and rescue	<input type="checkbox"/>	Water purification	<input type="checkbox"/>
	Other (please specify)	.....		
2. In which of the following languages are the experts referred to above proficient?	Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	French	<input type="checkbox"/>	English	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
	Other (please specify):			
3. Are the experts referred to in 1 above familiar with civil-protection procedures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Further details about personnel</b>				
4. Name of expert <sup>4</sup>				
5. Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
6. Status	Civilian	<input type="checkbox"/>	Military	<input type="checkbox"/>

<sup>1</sup> This questionnaire has been prepared without prejudice to the rights of State Parties to conclude bilateral agreements with the OPCW in accordance with Article X, subparagraph 7(b) and to contribute to the Voluntary Fund for Assistance in accordance with Article X subparagraph 7(a).

<sup>2</sup> Please fill out a separate questionnaire for each offer of experts, instructors, and staff, and cross out items that are not relevant. If personnel will be taking equipment for distribution to an affected population, please also fill out the equipment questionnaire below.

<sup>3</sup> Nuclear, biological, and chemical

<sup>4</sup> In the case of a team, please provide the name of the team leader here, and list the names of the other team members, along with relevant <sup>details</sup> for them, on an attached sheet.

7. In the case of a team, please specify its general composition, including the number of experts and the number of team members overall.			
8. Are any of the personnel members of the United Nations Disaster Assessment and Coordination team (UNDAC)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
9. Have any of the personnel referred to in item 7 above been nominated to assist other international organisations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Please list any other relevant information about the personnel referred to in item 7, including as regards special requirements, that the OPCW should be aware of.	If so, please specify to which one(s) _____ _____ _____		
<b>Insurance coverage</b>			
11. Will all personnel be covered by insurance provided by the assisting State Party? <sup>5</sup>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<b>Logistics</b>			
12. Will the assisting State Party be transporting its own personnel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Please list any factors that could delay the deployment of the personnel.	If not, please indicate the point of exit from the assisting State Party. _____ _____		
14. How will personnel be transported to the requesting State Party?	If not, within how many hours of a request by the OPCW will personnel be available for pick-up? _____ _____		

<sup>5</sup> An offer of assistance should normally include insurance coverage for the personnel involved.

15. Will any of the personnel be taking equipment with them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please provide details.	
	-----	
	-----	
	<u>Weight of equipment, in kilograms</u>	
	Average per person:	Total for all personnel:
	<u>Volume of equipment, in cubic metres</u>	
Average per person:	Total for all personnel:	
16. Will any of the personnel be carrying hazardous materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please indicate the source of each hazard.	
	Radioactive source	<input type="checkbox"/>
	Explosives	<input type="checkbox"/>
	Chemicals	<input type="checkbox"/>
	Other (please specify)	
	-----	
Please list any applicable IATA <sup>6</sup> numbers.		
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<b>On-site operating conditions</b>		
17. For how many days or hours will personnel be self-sufficient? <sup>7</sup> (Please indicate one or the other.)	Number of days	Number of hours
18. Please list the additional resources the personnel will need on-site.	-----	
19. Please list any additional means of transport the personnel will need. <sup>8</sup>	-----	
20. Please list any additional equipment the personnel will need.	-----	
21. Please provide any other available information about on-site operations.	-----	

<sup>6</sup> International Air Transport Association

<sup>7</sup> Self-sufficiency means that the team does not need any support from the requesting State Party. Experts who are not routinely attached to a team are not expected to be self-sufficient.

<sup>8</sup> Only for personnel that usually deploy without their own means of transport.

<b>Additional specifications<sup>9</sup></b>	
22. For each of the following operating parameters, please give an indication of the capabilities of the personnel.	Detection
	Chemical reconnaissance
	Sampling and analysis Number of samples per day:
	Decontamination Number of persons per hour:                      Number of m <sup>2</sup> per hour:
(Capabilities of personnel, continued)	Disposal of explosives Size of area that can be searched per day:
	Urban search and rescue:
(Capabilities of personnel, continued)	Medical treatment—victims of chemical weapons attacks:
(Capabilities of personnel, continued)	Medical treatment—other patients:
(Capabilities of personnel, continued)	Water purification Number of litres per hour:
	Other (please specify):

<sup>9</sup> Not all questions must be answered. The level of detail required will vary by State Party.

<b>Contact information<sup>10</sup></b>			
23. Name of national contact person			
24. Function			
25. Organisation			
26. Office hours			
27. Address		.....	
		.....	
		.....	
28. Office telephone <sup>11</sup>			
29. Mobile telephone			
30. Home telephone (optional)			
31. Fax			
32. E-mail address			
33. Can the above named person be telephoned or faxed 24 hours a day		Yes <input type="checkbox"/>	No <input type="checkbox"/>
34. Name of additional contact person			
35. Function			
36. Organisation			
37. Office hours			
38. Address		.....	
		.....	
		.....	
39. Office telephone			
40. Mobile telephone			
41. Home telephone (optional)			
42. Fax			
43. E-mail address			
44. Can the above named person be telephoned or faxed 24 hours a day		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<sup>10</sup> Please provide more than one contact for this offer, if possible.

<sup>11</sup> Please include the country and city codes.

## GUIDANCE IN THE FORM OF A QUESTIONNAIRE

### FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE CHEMICAL WEAPONS CONVENTION

#### OFFER OF TRANSPORT<sup>12</sup>

<b>State Party</b>			
<b>Date of submission</b>	Day:	Month:	Year:
<b>Type of equipment being offered</b>			
1. What type of equipment is being offered?	Aircraft	<input type="checkbox"/>	
	Road vehicle	<input type="checkbox"/>	
	Ship	<input type="checkbox"/>	
	Other (please specify)		
2. Please provide further details on the equipment being offered. <sup>13</sup>	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>		
3. Status of operators	Civilian	<input type="checkbox"/>	Military <input type="checkbox"/>
<b>Technical specifications</b>			
4. Loading capacity <sup>14</sup>	Cargo	<input type="checkbox"/>	Passengers <input type="checkbox"/>
	Weight (in kilograms):	Number:	
	Volume (in cubic metres):		
5. Range, without refuelling			
6. Average speed	Kilometres per hour:	Miles per hour:	
7. Fuel requirements	Type of fuel required:		
	Rate of consumption:		
8. Loading and transhipment requirements	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>		
9. Other technical specifications	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>		
<b>Administrative details</b>			
10. Is insurance coverage for the above means of transport provided? <sup>15</sup>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

<sup>12</sup> Please fill out a separate questionnaire for each offer of transport.

<sup>13</sup> Please indicate, for example, for fixed wing aircraft makes such as Hercules 130 or Antonov 124 or the type of helicopter. For ships, please indicate the type of vessel, including tonnage. For road vehicles, please indicate, for example, "four-wheel drive, heavy truck with three axles", and, in each case, the make and model, if possible.

<sup>14</sup> Please tick all that apply.

<sup>15</sup> An offer of assistance should normally include insurance coverage for the transport offered.



<b>Logistics</b>					
11. Please indicate the point of exit.					
12. Within how many hours of a request by the OPCW will the means of transport be available and operational?					
13. Please specify any factors that could delay deployment.					
14. Please indicate which international regulations, if any, are relevant to this offer.					
15. Please indicate any relevant airport requirements.		Take-off:	Landing:		
<b>Details regarding vehicle operators or crew</b>					
16. Please indicate the number of operators or crew members.					
17. In which of the following languages are the crew or operators proficient? <sup>16</sup>		Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
		French	<input type="checkbox"/>	English	<input type="checkbox"/>
		Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
		Other (please specify):			
18. Please indicate any interoperability problems that might arise.					
<b>Contact information<sup>17</sup></b>					
19. Name of national contact person					
20. Function					
21. Organisation					
22. Office hours					
23. Address					
24. Office telephone <sup>18</sup>					
25. Mobile telephone					
26. Home telephone (optional)					
27. Fax					
28. E-mail address					

16 At least one crew member should speak one of the six official languages of the OPCW. Please tick all that apply.

17 Please provide more than one contact for this offer, if possible.

18 Please include the country and city codes.

29. Can the above-named person be telephoned or faxed 24 hours a day	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Name of additional contact person		
31. Function		
32. Organisation		
33. Office hours		
34. Address		
35. Office telephone		
36. Mobile telephone		
37. Home telephone (optional)		
38. Fax		
39. E-mail address		
40. Can the above-named person be telephoned or faxed 24 hours a day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## GUIDANCE IN THE FORM OF A QUESTIONNAIRE

### FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE CHEMICAL WEAPONS CONVENTION

#### OFFER OF EQUIPMENT<sup>19</sup>

<b>State Party</b>			
<b>Date of submission</b>	Day: _____	Month: _____ Year: _____	
<b>Type of equipment being offered</b>			
1. Please indicate what types of equipment are being offered. Please tick all that apply	<u>Individual protection</u>	<u>Quantity</u>	
	Masks <input type="checkbox"/>		
	Suits <input type="checkbox"/>		
	Pairs of boots <input type="checkbox"/>		
	Pairs of gloves <input type="checkbox"/>		
	Sets (including all the above) <input type="checkbox"/>		
	Other (please specify) _____		
	<u>Collective protection</u>		<u>Quantity</u>
	Filter ventilation (FV) for stationary shelters <input type="checkbox"/>		
	FV for tents <input type="checkbox"/>		
	FV for mobile shelters <input type="checkbox"/>		
	Containers with built-in FV <input type="checkbox"/>		
	FV for vehicles <input type="checkbox"/>		
	Tents with built-in FV <input type="checkbox"/>		
	Other (please specify) _____		
	<u>Decontamination</u>		<u>Quantity</u>
	Individual decontamination kit <input type="checkbox"/>		
	Personnel decontamination kit <input type="checkbox"/>		
	Material decontamination kit <input type="checkbox"/>		
	Terrain decontamination kit <input type="checkbox"/>		
	Other (please specify) _____		
	<u>Detection, and sampling and analysis</u>		<u>Quantity</u>
	Hand-held detectors <input type="checkbox"/>		
Portable analytical instruments <input type="checkbox"/>			
Other means of detection (paper, tubes, pads, kits) <input type="checkbox"/>			

<sup>19</sup> Please fill out a separate questionnaire for each offer of equipment. If sets of equipment are being offered, please fill out just the one questionnaire for each set.

	Analytical instrument <input type="checkbox"/>	
	Please specify: ..... .....	
	Reconnaissance vehicle <input type="checkbox"/>	
	Sampling kit <input type="checkbox"/>	
	Other (please specify) .....	
(Type of equipment offered, continued)	<u>Medical</u>	<u>Quantity</u>
	Antidote <input type="checkbox"/>	
	Medical equipment <input type="checkbox"/>	
	Please specify ..... .....	
	Ambulance <input type="checkbox"/>	
	<u>Other</u>	<u>Quantity</u>
	Please specify ..... .....	
<b>Technical information</b>		
2. For each item of equipment above, please provide the details requested. Please attach additional sheets if necessary.	<u>Item:</u>	
	Manufacturer:	
	Type:	
	Date of manufacture, if known:	
	Expiry date, if applicable	
	Other relevant details: ..... .....	
	<u>Item:</u>	
	Manufacturer:	
	Type:	
	Date of manufacture, if known:	
	Expiry date, if applicable:	
	Other relevant details: ..... .....	

	<u>Item:</u>	
	Manufacturer:	
	Type:	
	Date of manufacture, if known:	
	Expiry date, if applicable:	
	Other relevant details: ..... ..... .....	
3. How many operators would be needed to run this equipment?		
<b>Training and certification</b>		
4. Please indicate what training, if any, is required in order to run this equipment. ..... .....		
5. Please indicate what certification, if any, is required in order to run this equipment. ..... .....		
6. Please indicate what training, if any, can be included as part of the offer. ..... .....		
7. Are operating manuals included with the equipment?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
If so, in which languages?		
Arabic <input type="checkbox"/>		Chinese <input type="checkbox"/>
French <input type="checkbox"/>		English <input type="checkbox"/>
Russian <input type="checkbox"/>		Spanish <input type="checkbox"/>
Other (please specify): .....		
<b>Storage and packing</b>		
8. Please indicate how the equipment should be stored.		
In bulk		<input type="checkbox"/>
In read-to-use packages		<input type="checkbox"/>
Specification: ..... .....		
9. Will the equipment be packed on Europallets?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
If not, how will it be packed? ..... .....		
10. Please list storage requirements for the equipment.		
Toxic/chemical hazard		<input type="checkbox"/>
Radiation hazard		<input type="checkbox"/>
Explosion hazard		<input type="checkbox"/>
Fire hazard		<input type="checkbox"/>
Other (please specify) .....		

11. Please list any required storage conditions.	Temperature range:	
	Humidity range	
	Light	
	Other (please specify) .....	
12. Please provide any other relevant details regarding storage.	.....	
	.....	
	.....	
13. Please indicate the storage or exit point.	.....	
14. Within how many hours of a request by the OPCW will the equipment be available at the storage or exit point?	.....	
15. Is the assisting State Party willing to organise the transport of the equipment to the requesting State Party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Is the assisting State Party willing to cover the costs of transporting this equipment to the requesting State Party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Please list any requirements related to the transport of this equipment.	.....	
	Please list any relevant IATA or ADR/ATP <sup>20</sup> regulations. .....	
	.....	
18. Please indicate any hazards that may be posed by transporting this equipment.	Toxic/chemical hazard	<input type="checkbox"/>
	Radiation hazard	<input type="checkbox"/>
	Explosion hazard	<input type="checkbox"/>
	Fire hazard	<input type="checkbox"/>
	Other (please specify)	.....
	Please list any relevant IATA or ADR numbers. .....	.....
19. Please list any requirements related to periodical maintenance or calibration of this equipment.	By an operator or technician <input type="checkbox"/>	By the manufacturer <input type="checkbox"/>
	.....	
	.....	
	.....	

<b>Contact information<sup>21</sup></b>			
20. Name of national contact person			
21. Function			
22. Organisation			
23. Office hours			
24. Address	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>		
25. Office telephone <sup>22</sup>			
26. Mobile telephone			
27. Home telephone (optional)			
28. Fax			
29. E-mail address			
30. Can the above-named person be telephoned or faxed 24 hours a day	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
31. Name of additional contact person			
32. Function			
33. Organisation			
34. Office hours			
35. Address	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>		
36. Office telephone			
37. Mobile telephone			
38. Home telephone (optional)			
39. Fax			
40. E-mail address			
41. Can the above-named person be telephoned or faxed 24 hours a day?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

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21 Please provide more than one contact for this offer, if possible.

22 Please include the country and city codes.

## GUIDANCE IN THE FORM OF A QUESTIONNAIRE

### FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE CHEMICAL WEAPONS CONVENTION

#### OFFER OF TECHNICAL ADVICE OR TRAINING<sup>23</sup>

<b>State Party</b>				
<b>Date of submission</b>	Day:	Month:	Year:	
<b>Nature of offer</b>				
1. Please indicate the nature of the offer.	Training facility	<input type="checkbox"/>		
	Training course	<input type="checkbox"/>		
	Instructor	<input type="checkbox"/>		
<b>For an offer involving a training facility</b>				
2. Facility name				
3. Location				
4. Status	Civilian	<input type="checkbox"/>	Military	<input type="checkbox"/>
5. Name of administering body				
6. Please indicate what types of training would be offered at this facility.				
7. Please indicate what activities take place at the facility.				
8. Please indicate what kind of infrastructure is available at the facility.				
9. How many trainees can the facility accommodate?				
10. What percentage of each gender?	% male	% female		
11. Costs for which of the following are included in the offer?	Meals	<input type="checkbox"/>		
	Accommodation	<input type="checkbox"/>		
	Local transport	<input type="checkbox"/>		
	Other (please specify)			
<b>Contact information for the facility</b>				
12. Name of national contact person				
13. Function				
14. Organisation				
15. Office hours				

<sup>23</sup> Training constitutes a vital part of any immediate response to a request for assistance, and an offer of training should form an integral part of an offer of emergency equipment such as individual protective equipment. In this context, emergency training is distinct from long-term training (see Article X, paragraph 5, of the Convention).



16. Address		
17. Office telephone <sup>24</sup>		
18. Mobile telephone		
19. Home telephone (optional)		
20. Fax		
21. E-mail address		
<b>For an offer of one or more training courses</b>		
22. Please indicate the nature of the course or courses. Please tick all that apply.	Chemical defence <input type="checkbox"/>	Medical—treatment of mass casualties <input type="checkbox"/>
	Decontamination <input type="checkbox"/>	Medical—treatment for exposure to chemical-warfare agents <input type="checkbox"/>
	Detection and chemical reconnaissance <input type="checkbox"/>	Sampling and analysis <input type="checkbox"/>
	Disaster management <input type="checkbox"/>	Testing of equipment <input type="checkbox"/>
	Emergency training (chemical weapons threat scenario) <input type="checkbox"/>	Urban search and rescue <input type="checkbox"/>
	Disposal of explosives ordnance <input type="checkbox"/>	Water purification <input type="checkbox"/>
	Other (please specify)	
<b>Course information</b>		
23. For each course, please provide the details requested.	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party: <sup>25</sup>	
	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party:	
	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party:	
	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party:	
24. If the instructors are to travel to the requesting State Party, costs for which of the following are covered under this offer?	Meals <input type="checkbox"/>	
	Accommodation <input type="checkbox"/>	
	Transport <input type="checkbox"/>	
	Other (please specify)	

<sup>24</sup> Please include the country and city codes.

<sup>25</sup> If no instructors will be provided, write "None".

25. In which of the following languages are the instructors proficient?	Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	French	<input type="checkbox"/>	English	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
	Other (please specify):			
26. Are course manuals included as part of the offer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, in which languages?			
	Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	French	<input type="checkbox"/>	English	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Other (please specify):				
<b>Contact information for the course or courses</b>				
27. Name of national contact person				
28. Function				
29. Organisation				
30. Office hours				
31. Address	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>			
32. Office telephone <sup>26</sup>				
33. Mobile telephone				
34. Home telephone (optional)				
35. Fax				
36. E-mail address				

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<sup>26</sup> Please include the country and city codes.