

禁止化学武器组织

技术秘书处

International Cooperation and Assistance Division
S/331/2003
14 January 2003
CHINESE
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邀请参加禁化武组织对口培训方案 2003 年课程

- 1. 禁化武组织技术秘书处(以下称"秘书处") 谨此通知成员国,秘书处计划于 2003 年 7 月 28 日至 10 月 3 日在海牙和欧洲其他地方举办禁化武组织对口培训 方案 2003 年的课程。对口培训方案的宗旨是增进对《化学武器公约》目标的了解并促进以化学品安全为重点的和平利用化学。
- 2. 禁化武组织对口培训方案的目标是: (a) 推动《公约》就化学工业而言在各国的履行; (b) 为成员国企业、学术单位及政府的人士提供化学、化学工程及有关领域的培训,从而加强各国的力量; (c) 通过在化工界引入健全的作法推动上述领域的贸易; 以及(d) 扩大各国家主管部门和禁化武组织今后可以利用的人力资源库。
- 3. 课程的对象是化学家和化学工程师,尤其针对发展中国家或经济转型期国家的 化学家和化学工程师。他们将通过课程接触到在现代化的化工企业进行有效运 作所需要的技能和经验。今年将有24名学员接受整整10周日程紧凑的培训。
- 4. 为吸引高度合格的人士申请,秘书处请各国家主管部门协助向有关单位散发这项激请。
- 5. 课程包括如下内容:
 - (a) 第1周:入门阶段,在海牙禁化武组织总部;
 - (b) 第2至4周:培养技能的训练,在成员国的一所大学;
 - (c) 第 5 周:中间阶段,在禁化武组织总部:实际演练和参观专门院所;
 - (d) 第 6 至 8 周: 工厂实习,在欧洲的若干化工厂,学员将接受各种工业运作的培训并接触到企业工作环境;
 - (e) <u>第9至10周</u>:最后阶段,在禁化武组织总部,包括工业实习任务的宣讲、研究活动、及最后总结。

- 6. 英语是教学的语言,学员都**必须**熟练地掌握英语读写和听的能力。如果在学员 到达海牙后发现有人不符合这项要求,可以不允许其继续课程。
- 7. 秘书处希望看到,提出申请的人选具备大学或其他受承认的高等院校的学士学位(化学或化学工程或工艺工程的 BSc 或同等学位),并具有五年的相关工作经验(例如化工企业、工艺工程、或工厂和生产作业的经验)。此外,在国家主管部门或其他涉及到执行《公约》或执行某一类似的国际规范性文书的政府机构的工作背景将会是一种优势。
- 8. 秘书处只接受成员国公民的申请。将对申请人进行仔细的筛选,面试的将只是 最合适的申请人。一般在申请截止日期之后几周做出挑选。
- 9. 人选确定以后,可要求他们接受体格检查,以便了解他们能否在工作中接触有害材料及使用防化设备。成功的申请人须填写体检病历表,其中应写明可能影响其作为学员适应这项紧张课程的能力的任何身体情况。这些人选还要按规定认同参加课程的条件,签署与禁化武组织的保密约定。这两份文件将仅向入选者提供。
- 10. 按禁化武组织的规定,禁化武组织将负担课程期间所有学员与课程有关的旅行、住宿、膳食、学费、以及医疗和旅行保险的费用。
- 11. 申请这项课程入学须采用本文所附的个人简历表。表格里的每一项内容都必须准确填写。不会考虑不完整或不清楚的申请。申请应送交禁化武组织国际合作与援助司,邮政地址为: International Cooperation and Assistance Division,OPCW,Johan de Wittlaan 32,2517 JR,The Hague,the Netherlands;传真号码为: +31-(0)70-306 3535;电子邮件地址为: IntCoopBr@opcw.org。如果发电子邮件,还必须尽快用传真发出有签名的申请表以及申请人护照的影印件。所有申请送达秘书处的时间**不得晚于 2003 年 3 月 14 日**。
- 12. 申请可直接递送禁化武组织或通过成员国国家主管部门转交。
- 13. 有关禁化武组织对口培训方案的进一步资料可向国际合作处的国际合作干事 Olga Falco 女士索取:

电话: +31-(0) 70-416 3218 传真: +31-(0) 70-306 3535

电子邮件: IntCoopBr@opcw.org

附件(仅以英文提供):

OPCW Associate Programme, Course 2003: Personal History Form (禁化武组织对口培训方案, 2003 年课程: 个人简历表)

Annex OPCW ASSOCIATE PROGRAMME COURSE 2003 PERSONAL HISTORY FORM

			ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS OPCW Associate Programme PERSONAL HISTORY FORM					INSTRUCTIONS Please answer each question clearly and completely. Type or print in black ink. Attach a recent photograph.					
1. Title (check)			2. Last name		3. First name	Middle name			Maiden name (if applicable)				
Mr Mrs Miss Ms									аррпса	ibic)			
Dip. Eng		of 🗌											
4. Date o	f birth		5. Place and country of birth		6. Present country of				7. Gender				
Day	Month	Year			citizenship				Male				
-			-						Female				
8. Passport details (please attach a photocopy of your current passport)													
Number		Тур			of issue Date of is			ue					
		Ordinary		City:		Day	Month	Year	Day	Month	Year		
Service Diplomatic		Country:											
9. Marita	al status: S		Marrie	d Separate	d Widow(er) 🔲	Divorc	ed]				
	manent ac				10 b) Present ac		(if diffe	rent)				
Street:			Nun	Number: Street:				Number:					
Zip/area code:			City	•	Zip/area code: City:								
Country:					Country:								
Tel. no.:					Tel. no.:								
Please include country and					Please include country and								
country and city area code					city area code								
Fax no.:					Fax no.:								
E-mail:				E-mail:									
		anguages: Pl	ease rate	e your skill level	for each category	by circ	ling the	appı	ropriate	number	(1 =		
low; $5 = \text{excellent}$)			j	READ	WRITE	9	SPEAK		UNI	DERST <i>A</i>	AND		
First lang	uage(s):				.,,								
English:			1	-2-3-4-5	1 - 2 - 3 - 4 - 5	1 - 3	2 - 3 - 4	- 5	1 -	2 - 3 - 4	- 5		
Other languages (please specify below):													
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				-2-3-4-5	1 - 2 - 3 - 4 - 5		2 - 3 - 4			2 - 3 - 4			
			1	-2-3-4-5	1 - 2 - 3 - 4 - 5	1 - 2	2 - 3 - 4	- 5	1 -	2 - 3 - 4	- 5		

12. Education/training							
Ü			rom/to	Deg	rees/academic c	ualifications	
12 Other relevant training courses							
13. Other relevant training courses Name, place, and country	Main course of study	Attended fr	om/to	Deo	rees/academic o	ualifications	
rume, place, and country	Main course of study	7 tttelided ii	OIII/ to	Degrees/academic qualifications			
14. Computer software skills							
Application	Version, if known	Skill level					
		Advanced		Int	termediate	None	
Windows							
Microsoft Word		一片			Ħ		
Microsoft Excel							
Microsoft PowerPoint							
Wile to sold I owell olik							
15. Professional experience (please lis	t all posts held, beginni	ng with the i	most rec	ent)			
Exact title of present post (or most recei			Fre		To	Total	
= 1.000 time of process post (of most reces	iv post, if not continuity of	p10) (4.)		J 111		duration	
			Month	year /year	Month/year	Months/years	
Name and address of employer:							
Description of duties:							
Professional armanianae (acutinuad)							
Professional experience (continued) Exact title of previous post:							
Exact title of previous post.			Fre	.m	То	Total	
			FIG)111	10	duration	
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Name and address of employer:				•			
rame and address of employer.							
Description of duties:							
Description of duties:							
Description of duties:							
Description of duties:							
Description of duties: Professional experience (continued)							
			Fre	om .	То	Total	
Professional experience (continued)			Fre	om	То	duration	
Professional experience (continued) Exact title of previous post:			Fre		To Month/year		
Professional experience (continued)						duration	

Description of duties:							
Professional experience (continued)							
Exact title of previous post:		From	To	Total			
Exact title of previous post.		FIOIII	10	duration			
		Month/year	Month/year	Months/years			
Name and address of employer:							
Description of duties:							
16. Chemical-industry experience							
Exact title:		From	To	Total			
				duration			
	N	Ionth/year	Month/year	Months/years			
Name and address of employer:							
Description of duties:							
17. The aims of the Associate Programme are indicated in the Invi	itation No	ote. With th	nese aims in	mind,			
please attach a one-page statement on how you would benefit from	the cou	rse and hov	v you would	disseminate			
in your country the knowledge and experience you would gain.							
10.0							
18. Special dietary (food) requirements (if any):							
19. Other requirements:							
1). Other requirements.							
20. Please use this space to provide any additional information rele	evant to t	this applica	tion.				
		1 1					
I certify that, to the best of my knowledge, the statements I have made	in respon	ise to the ab	ove question	s are true,			
complete, and correct.							
Name:							
Signature: Date:							
N.B. You may be requested to supply documentary evidence which su							
However, please do not send any documentary evidence until you							
any event, do not submit the original texts of references or testimonial use of the OPCW.	s uniess t	ney nave be	en obtained f	or the sole			