



技术秘书处的说明

禁化武组织 2005 年研修方案 报名邀请

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 2005 年 7 月 22 日至 9 月 30 日在海牙和欧洲其他地方举办禁化武组织 2005 年研修方案。方案的宗旨是增进对《化学武器公约》（以下称“《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. 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. 方案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，方案将接受 24 名学员。
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邀请。
5. 方案包括如下内容：
 - (a) 入门阶段，在海牙禁化武组织总部（约 1 周）；
 - (b) 培养技能的训练，在成员国的一所大学（3 周）；
 - (c) 中间阶段，在禁化武组织总部：实际演练和参观专门院所（1 周）；



- (d) 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（3周）；以及
 - (e) 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（2周）。
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，可以不允许其参加方案。
 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 B.Sc. 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方案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作为方案学员的条件，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，禁化武组织将负担方案期间所有学员与方案有关的旅行、住宿、膳食、学费、以及医疗和旅行保险的费用。
 11. 申请参加这项方案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，该表第 17 项所要求的一页纸的声明必须包括在内。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)70 416 3279; 电子邮件地址为：IntCoopBr@opcw.org。如果发电子邮件，还必须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，无论是邮寄、电子邮件还是传真，送达秘书处的时间都**不得晚于 2005 年 2 月 15 日**。
 12. 申请可直接递送禁化武组织或通过其国家主管部门转交。
 13. 有关该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) 70 416 3279

电子邮件：IntCoopBr@opcw.org

附件（仅以英文提供）：

OPCW Associate Programme 2005: Personal History Form
（禁化武组织 2005 年研修方案：个人简历表）

Annex

		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. Title¹ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dip. Eng <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/>		2. Last name	3. First name	Middle name	Maiden name (if applicable)								
4. Date of birth <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Day</td> <td style="width:33%;">Month</td> <td style="width:33%;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Day	Month	Year				5. Place and country of birth		6. Present nationality		7. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Day	Month	Year											
8. Passport details (please attach a photocopy of your current passport)													
Number		Type		Place of issue		Date of issue		Expiry date					
		Ordinary <input type="checkbox"/>		City:		Day Month Year		Day Month Year					
		Diplomatic <input type="checkbox"/>		Country:									
9. Marital status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>													
10a. Permanent address and contact information				10b. Present address and contact information (if different)									
Street:		Number:		Street:		Number:							
Postal code:		City:		Postal code:		City:							
Country:				Country:									
Country code		City code	Number	Country code		City code	Number						
Telephone number:				Telephone:									
Fax:				Fax:									
E-mail address:				E-mail address:									
11a. First language or languages:													
11b. Knowledge of other languages Please rate your skill level for each category by circling the appropriate number (1 = low; 5 = excellent).													
		Read		Write		Speak		Understand					
English:		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5					
Other languages (please specify below):													
		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5					
		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5					
		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5					

¹ For this and like items below, please tick the appropriate box.

12. Education and training				
Institution name, place, and country	Main course of study	Dates attended		Degrees/academic qualifications
		From	To	
13. Other relevant training courses				
Name, place, and country	Main course of study	Dates attended		Degrees/academic qualifications
		From	To	
14. Computer-software skills				
Application	Version, if known	Skill level		
		Advanced	Intermediate	Low
Windows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Professional experience (please list all posts held, beginning with the most recent)				
Exact title of present post (or most recent post, if not currently employed):		From Month/year	To Month/year	Duration Months/years
Name and address of employer:				
Description of duties:				
Professional experience (continued)				
Exact title of previous post:		From Month/year	To Month/year	Duration Months/years
Name and address of employer:				
Description of duties:				
Professional experience (continued)				
Exact title of previous post:		From Month/year	To Month/year	Duration Months/years
Name and address of employer:				
Description of duties:				

Professional experience (<i>continued</i>)			
Exact title of previous post:	From Month/year	To Month/year	Duration Months/years
Name and address of employer:			
Description of duties:			
16. Chemical-industry experience			
Exact title:	From Month/year	To Month/year	Duration Months/years
Name and address of employer:			
Description of duties:			
17. The aims of the Associate Programme are indicated in the covering Note. With these in mind, please attach a one-page statement on how you would benefit from the course and how you would disseminate in your country the knowledge and experience you would gain.			
18. Special dietary (food) requirements (if any):			
19. Other requirements:			
20. Please use this space to provide any additional information relevant to your application			
I certify that, to the best of my knowledge, the statements I have made in response to the above questions are true, complete, and correct.			
Name: _____			
Signature: _____ Date: _____			
N.B. You may be requested to supply documentary evidence that supports the statements you have made. However, please do not send any such evidence until you have been asked to do so by the OPCW. In any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the OPCW.			