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| **CERTIFICATE OF ELIGIBILITY FROM REGULATORY BODY** | Version 1 |

*TO BE COMPLETED ELECTRONICALLY AND AUTHORIZED WITH SIGNATURE*

*Instructions marked in purple should be deleted*

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| **DETAILS** | **COURSE DETAILS** | | | |
| **Course topic:** | **FUNDAMENTAL CONCEPTS OF NUCLEAR SAFETY** | | |
| **Course duration:** | *4x half days* | | |
| **Course location:** | **Massive Open Online Course (MOOC)** | | |
| **PERSONAL DETAILS OF APPLICANT** | | | |
| **Name of applicant:** |  | | |
| Name and location (country and city) of organization: |  | | |
| Position/job title: |  | | |
| Applicant is an employee of the National Nuclear Regulatory Authority (NRA) or its Technical Support Organisation (TSO). | | YES | NO |
| **PERSONAL DETAILS OF NUCLEAR REGULATORY AUTHORITY STAFF MEMBER** | | | |
| **Title** | ***e.g. Dr., Mr., Ms., Mrs.*** | | |
| **Last (family) name:** |  | | |
| **First (given) name(s):** |  | | |
| Name and location (country and city) of Nuclear Regulatory Authority: | *National denomination and its translation in English if exists* | | |
| Position/job title: | *A certification can be made by senior member of staff in the relevant department related to the course topic or in the external relations* | | |
| Relationship with the applicant: |  | | |
| Email address: |  | | |

In response to your call for application, we <*the name of the Nuclear Regulatory Authority*> hereby declare that we

* undertake to guarantee the eligibility of the applicant to participate in the course held in the framework of INSC Project MC3.01/20 and we support their application;
* declare that the information provided are true and correct and we understand that the application may be rejected if the contrary is proven;
* understand that the assessment of the applications is impartial and that there is no room for appeal against the decisions of approvals and rejections;

understand that the absence of accepted applicant from the course (if it is not due to reasons beyond their control or if it is not duly justified), their wrongful conduct and lack of participatory and professional commitment may result in the unfavorable consideration of future applications from our country and institution.

| **JUSTIFICATION FOR SUPPORT** |
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| *Optional, textual justification for support* |

I, the undersigned,

* agree to be available and contactable by the organisers during the selection phase;
* understand that my personal data will be processed solely for the purposes of the implementation, management and monitoring of the project, as part of which the course in question will be held, and that access to these data will be granted to the extent strictly necessary for the above.

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| **Name:** |  |
| **Signature:** |  |
| **Date:** | *DD/MM/YYYY* |