**ECAC AVIATION SECURITY AUDITOR TRAINING AND CERTIFICATION**

**NOMINATION FORM**

Each person nominated by the Appropriate Authority to participate in ECAC Aviation Security Auditor Training and Certification is required to complete this nomination form. This document aims to provide the ECAC Secretariat with information about the nominee in order to determine their suitability to undertake the training and certification.

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| Nominating Appropriate Authority: |

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| --- | --- |
| Name of Nominee: | Mr Ms |
| Date of Birth:  | Nationality:  |

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| --- |
| Work address: |
| Phone number and e-mail address: |
| Current position:Please describe your daily activities in aviation security: |
| Previous work experience (please indicate job title, employer and dates of employment):  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Language skills** | English | French | Other (specify): |
| Fluency in conversation | Good / Average / Poor | Good / Average / Poor | Good / Average / Poor |
| Ability to read | Good / Average / Poor | Good / Average / Poor | Good / Average / Poor |
| Ability to write | Good / Average / Poor | Good / Average / Poor | Good / Average / Poor |

|  |  |
| --- | --- |
| **Experience in aviation security** | Number of years: |
|  | Knowledge of and practical experience in the following areas: |
|  | 1. Cargo and mail: ⬜ yes ⬜ no
2. In-flight supplies: ⬜ yes ⬜ no
3. Hold baggage ⬜ yes ⬜ no

 security:1. Passenger and cabin

baggage: ⬜ yes ⬜ no1. ATM security ⬜ yes ⬜ no
 | 1. Airport supplies: ⬜ yes ⬜ no
2. Access control: ⬜ yes ⬜ no
3. Inspections and tests: ⬜ yes ⬜ no
4. Aircraft security: ⬜ yes ⬜ no
5. Airport security: ⬜ yes ⬜ no
6. Cyber security: ⬜ yes ⬜ no
 |
|  | Scope of activity:  | ⬜ national | ⬜ international |
|  | Do you manage staff (e.g. inspectors)? ⬜ yes ⬜ no |

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| **Please list only those activities you have undertaken in the last five years:** |
| Aviation Security courses attended: |
| Aviation Security courses taught: |
| Please describe your experience conducting aviation security inspections: |
| National security clearance: ⬜ yes ⬜ noLevel of security clearance:Copy of security clearance to be provided with nomination form. |
| Other relevant experience/qualifications: |

|  |
| --- |
| Computer software knowledge (Microsoft Word, Excel, and PowerPoint): |
| Please indicate why you would like to become an ECAC Auditor (no more than 200 words):  |
| Please list the qualities and skills you believe you would bring to the role of an ECAC Auditor (no more than 200 words): |
| Please list the qualities you think are needed in order to be a successful ECAC Auditor (no more than 200 words):  |

By signing this nomination form,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Name of the nominating Appropriate Authority]*

certifies that

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[*Name of the nominee*]

fulfills the qualification requirements set out in the ECAC Audit Methodology, has a working knowledge of ICAO Annex 17, ECAC Doc 30, and European Regulations, and is thus able to undertake training to become an ECAC auditor.

In consideration of

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[*Name of the nominee*]

being accepted as a participant in an ECAC audit team undertaking an ECAC security audit,

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*[Name of the nominating Appropriate Authority]*

and

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*[Name of employer, if not the nominating Appropriate Authority]*

solemnly undertake to respect the confidentiality of information that may be learned by any person nominated for any audit to be conducted by an ECAC audit team whether contained in documentation or not.

Name and capacity of signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_