|  |
| --- |
| **UNITED NATIONS** 2025 UNITED NATIONS-THE NIPPON FOUNDATION OCEAN GOVERNANCE FELLOWSHIP FOR SIDSNOMINATION AND RECOMMENDATION FORM: Instructions: To be completed by an official of the nominating Government, institution or other governmental body who will sign and stamp the form. A copy of this form should be submitted as part of the application package by the candidate and sent by e-mail to [doalos@un.org](mailto:doalos@un.org). Please see <https://www.un.org/oceancapacity/content/unnf-ocean-governance-fellowship-sids> and <https://www.un.org/oceancapacity/content/apply-now> for additional information.  I, Click or tap here to enter text.of Click or tap here to enter text.  (Print name of the individual nominating candidate) (Institution or Body of individual nominating candidate)  in my capacity as Click or tap here to enter text.  (Title or Post of individual nominating candidate)  Hereby Nominate Click or tap here to enter text.of Click or tap here to enter text.  (Candidate’s surname, given name, middle initial) (Country)  On behalf of Click or tap here to enter text.  (Institution or Body)  As a candidate for the three (3) month United Nations - The Nippon Foundation Ocean Governance Fellowship for SIDS  And I also hereby certify that:   1. The research/studies to be made under this Fellowship are necessary for the advancement of the economic or social development or public administration of the State, and that in the case of a Fellowship being granted, the Fellow will maintain his employment status at the end of the Programme and full use would be made of the Fellow in the field covered by the Fellowship. 2. All information supplied by the candidate is complete and correct. 3. The candidate has adequate knowledge, appropriately tested, of a language which can be used for working purposes. 4. The absence of the candidate during the period of the Fellowship Programme would not have any adverse effect on the status, seniority, salary, pension and similar rights of the candidate; and 5. Upon completion of the Fellowship Programme, the candidate will be employed as:   Title of post or position: Click or tap here to enter text.  Duties and responsibilities: Click or tap here to enter text.  Nominating Authority’s Address: Place:        Date:  (Address line 1) (DD/MM/YYYY)    (Address line 2)    (City, District/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of nominating official  (Postal Code, Country)    (Office Telephone: Mandatory)    (Email: Mandatory)  (Place official seal above) |

|  |
| --- |
| Instructions: **To be completed in detail by the Nominating Authority as identified in page 1.** |
| 1. Comments on health, personality and professionalism of the candidate: |
| 1. Comments on the linguistic ability of the candidate (participation in the Fellowship requires good working knowledge of English): |
| 1. Comments on two specific challenges in ocean affairs and the law of the sea, linked to special circumstances in your country, that need to be addressed and the candidate’s professional role in addressing them: |
| 1. Comments on the practical outcome/use of the Fellow’s training upon return home: |
| 1. Certification of nominating official as identified on page 1:   Place and Date:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of nominating official  Please note:  This Nomination and Recommendation Form contains two (2) pages. All fields must be duly completed and both pages signed.  (Place official seal above) |