



**INTERNATIONAL MOBILE SATELLITE ORGANIZATION  
EXPERT AND/OR CONSULTANT ROSTER  
PERSONAL HISTORY  
APPLICATION FORM**

<b>1</b>	<b>Personal Details:</b>		
	Name:		
	Address:		
	Contact Details:	Telephone:	
		Email:	
	Place of Birth:		
	Date of Birth:		
	Nationality/Citizenship:		

<b>2</b>	<b>For what kinds of work do you wish to be considered?</b>	
	Free personal expert assistance:	<input type="checkbox"/>
	Free government seconded assistance:	<input type="checkbox"/>
	Paid consultancy:	<input type="checkbox"/>

<b>3</b>	<b>Field of expertise (mark all relevant):</b>	
	detailed knowledge of all aspects of the GMDSS – Chapter IV of SOLAS and relevant IMO resolutions – and its practical application in ships and on shore:	<input type="checkbox"/>
	technical and operational aspects of the provision of mobile satellite communications and performance by satellite communication providers of availability of service, distress and priority calls and implementation by satellite communication providers of standards, services and systems in respect of GMDSS design and operation of satellite terminals for voice and data and their installation in ships:	<input type="checkbox"/>
	work and activities of technical bodies of international organizations dealing with satellite communications and, in particular, with technical bodies of IMO and ITU on matters relevant to the provision of mobile satellite communications and the GMDSS:	<input type="checkbox"/>

	satellite design, launch operations, orbital characteristics, constellation types, payload operations (lifetimes, power maintenance, shadow effects), etc:	<input type="checkbox"/>
	spectrum issues affecting mobile satellite communications and spectrum allocations for the maritime mobile satellite service design and operation of ground earth stations and the different requirements needed to serve satellites in the different types of orbit (GEO, MEO, LEO):	<input type="checkbox"/>
	maritime distress and safety operations and communications, including Search and Rescue Co-ordination and the operations of a Maritime or Joint Rescue Co-ordination Centre:	<input type="checkbox"/>
	legal issues affecting maritime mobile communications:	<input type="checkbox"/>

<b>4</b>	<b>Education:</b>	
<b>(A)</b>	<b>University or equivalent</b>	
	Name and Place:	
	Years Attended:	
	Degrees/Academic Distinctions:	
	Main Subjects:	
	<b>Other Universities:</b>	
	Name and Place:	
	Years Attended:	
	Degrees/Academic Distinctions:	
	Main Subjects:	

<b>(B)</b>	<b>Schools or other formal education or training institutions (e.g. high school, technical school, or apprenticeship)</b>	
	Name and Place:	
	Type of School:	
	Years Attended:	
	Certificates/Diplomas obtained:	
	Main Subjects:	

	<b>Other schools or other formal education or training institutions</b>	
	Name and Place:	
	Years Attended:	
	Degrees/Academic Distinctions:	
	Main Subjects:	

<b>5</b>	<b>Details of activities in professional societies, and/or in civic, public or international affairs</b>	

<b>6</b>	<b>Details of any significant publications you have written</b>	

7	<b>EMPLOYMENT RECORD:</b> Starting with your present or most recent post, list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record	
	Title of Post:	
	Name of Employer:	
	Address of Employer:	
	Dates:	
	Duty Station:	
	Type of Business:	
	Name and Title of Supervisor:	
	Number and type of employees supervised by you:	
	Reason for leaving, if applicable:	
	Description of your work:	
	Have you any objections to IMSO making enquiries of your present employer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

	<b>Other employment details:</b>	
	Title of Post:	
	Name of Employer:	
	Address of Employer:	
	Dates:	
	Duty Station:	
	Type of Business:	
	Name and Title of Supervisor:	
	Number and type of employees supervised by you:	
	Reason for leaving:	
	Description of your work:	

	<b>Other employment details:</b>	
	Title of Post:	
	Name of Employer:	
	Address of Employer:	
	Dates:	
	Duty Station:	
	Type of Business:	
	Name and Title of Supervisor:	
	Number and type of employees supervised by you:	
	Reason for leaving:	
	Description of your work:	

	<b>Other employment details:</b>	
	Title of Post:	
	Name of Employer:	
	Address of Employer:	
	Dates:	
	Duty Station:	
	Type of Business:	
	Name and Title of Supervisor:	
	Number and type of employees supervised by you:	
	Reason for leaving:	
	Description of your work:	
	<b>Other employment details:</b>	
	Title of Post:	
	Name of Employers:	
	Address of Employer:	
	Dates:	
	Duty Station:	
	Type of Business:	
	Name and Title of Supervisor:	
	Number and type of employees supervised by you:	
	Reason for leaving:	
	Description of your work:	

<b>8</b>	<b>References:</b> List three persons not related to you who are familiar with your work and qualifications (Do not repeat names of supervisors listed under Item 7)
<b>(A)</b>	Name:
	Full Address:
	Telephone:
	Email:
	Business or Occupation:
<b>(B)</b>	Name:
	Full Address:
	Telephone:
	Email:
	Business or Occupation:
<b>(C)</b>	Name:
	Full Address:
	Telephone:
	Email:
	Business or Occupation:

<b>9</b>	<b>Legal Convictions:</b>
	Charge:
	Date:
	Where Tried:
	Conviction:

<b>10</b>	<b>Any other relevant details:</b>	

I certify that the statements made by me in answer to the foregoing questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal of any assignment by IMSO. I also confirm that I am willing to guarantee the protection of any confidential information I may receive by signing a non-disclosure agreement to that effect.

<b>Date:</b>	
<b>Name:</b>	
<b>Signature:</b>	

**Thank you for registering**  
**Please submit it to [info@imso.org](mailto:info@imso.org)**  
**A confirmation email will be sent upon receipt of your application**