

IMF Institute—JVI Sponsor's Nomination and Certification Form

Sponsor's First Name	Sponsor's Middle Name	Sponsor's Family Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Sponsor's Nationality	
Sponsor's Job Title	Agency Country	
Section/Division	Agency Phone	
Department	Agency Fax	
Agency Name	Agency Alternative Fax	
Agency Street Address	Agency E-Mail Address	
Agency City and Postal Code	Agency Web Address	

I, the undersigned, acting on behalf of the above named agency where the applicant is employed, hereby sponsor the following applicant, and certify the information below.

Name of Applicant _____

Course Name _____ Course Number _____

to be given at the Joint Vienna Institute on (course date) _____

1. The information supplied by the applicant on the preceding page is correct.
2. The applicant, if accepted as a participant in the course, will receive a leave of absence with regular pay for the duration of the course and, on return, will resume his or her current duties, or assume a new position.
3. The applicant, if accepted, will be given no other duties or assignments during the period of the course.
4. The participant or the participant's sponsoring agency will be responsible for purchasing the participant's round-trip air ticket to Vienna, Austria and for making all travel arrangements. Participants will be reimbursed a fixed amount for their tickets and travel expenses upon arrival in Austria, and no additional amounts will be paid thereafter.
5. In case of the withdrawal of a confirmed participant after the IMF has prepaid the airline ticket, the sponsoring agency will be responsible for any travel costs incurred by the IMF. The sponsoring agency will be responsible for the costs of the participant's repatriation, if any health problems or other circumstances arising during his/her participation in the course should render repatriation necessary.
6. If the applicant is accepted, he/she will take a comprehensive medical examination immediately before departure to attend the course to ensure that he/she is in good health, free from any contagious disease, and free from any pre-existing medical condition or disability that could impair his or her full participation in the course.
7. The IMF will be reimbursed promptly by the sponsoring agency for all medical expenses that the IMF incurs as a result of any of the conditions mentioned above, as well as for any medical expenses incurred by a participant, which are not covered by the IMF's medical insurance policy, including pregnancy-related expenses.



Agency Seal

Date: _____ Certifying Sponsor's Signature: _____

Completed form should be sent to:
 Chief, Training Operations Division
 IMF Institute MSC HQ2-4-003
 Washington, D.C. 20431
 Fax: (202) 623-6490