

“HOW IS YOUR MPA MANAGED?” TRAINING WORKSHOP
Barcelona, Spain
Monday, September 29 – Saturday, October 4, 2008
Meeting location to be determined

TRAINING APPLICATION

Please complete all sections and submit completed application to:

Pat Moran, NOAA/National Marine Sanctuary Program
International MPA Capacity Building Program
pat.moran@noaa.gov

APPLICATION DEADLINE IS: AUGUST 15, 2008

v CONTACT INFORMATION

Name

Date

Name of MPA or Affiliated Organization

Position/Title

Type of Organization: MPA Authority NGO Community Government Other

Office Address

Phone:

Fax:

Email:

We will use this email address for all correspondence concerning the training workshop unless you inform us otherwise.

Affiliation with MPA:

Participants will be selected for training based on the extent to which they meet certain criteria. Kindly answer all the questions below as fully as possible to assist our selection process. Boxes will expand as you type.

v QUESTIONS

1. Please tell us about your roles and responsibilities in relationship to MPA management.

2. Do you currently (or will you shortly) have direct responsibility for working on developing a management plan for your MPA? If yes, please explain your roles and responsibilities.

3. What are your areas of management-related expertise? Please explain.

4. What do you think are the 3 greatest challenges to the successful implementation of a MPA management plan at your site?

5. What do you think are the 3 greatest assets or strengths of your MPA in terms of successfully implementing an effective management plan at your site?

6. What are your specific interests/objectives in applying for this training? What would you like to take away from this training?

7. Are you willing to commit to 6 full days of training, including preparatory work and homework assignments?

- Yes No

8. Are you willing to work within a small group of peers throughout the training?

- Yes No

9. The course is largely a set of interactive and participatory training activities, Are you willing to fully participate in the training in this capacity?

- Yes No

10. The entire course will be taught in English. Are you fluent enough in English to understand lectures, activities and assignments?

- Yes No

11. Are you willing to build a contract agreement during the training course in which you will commit to implementing aspects of what you have learned at your MPA when you return?

- Yes No

12. There is no fee for the training course. Are you able to cover your travel costs? If not, to what degree might you need financial assistance? Please estimate what those costs might be.

--

14. Do you have the full support of your supervisor to attend this MPA Management Capacity Building training course (6 days training + travel time)? Yes No

If yes, please include a letter of nomination from your supervisor with your application (see below for instructions)

v LETTER OF NOMINATION

This letter should be no more than one or two paragraphs total. Please include with application.

Letter of nomination from the head of your organization or your supervisor should include:

1. Name of applicant
2. Why you are nominating this applicant for the “How is Your MPA Managed?” training workshop?
3. How can your organization benefit from your nominee participating in this program?
4. Do you consider your applicant as having a current or future MPA management role?
5. Are you committed to supporting the applicant with implementing what they learned during the training?

Please return letter of nomination with the MPA management capacity building training application no later than August 15, 2008.

Thank you for your interest in the “how is Your MPA Managed?” training program.