

Attachment 1

Memorandum of Agreement Terms and Conditions for Temporary Advisers¹

I, the undersigned, in accepting to act as Temporary Adviser to the World Health Organization (WHO), agree to the following:

1. RELATIONSHIP BETWEEN THE PARTIES

The execution of the work as Temporary Adviser does not create any employer/employee relationship as between WHO, on the one hand, and me and/or persons claiming under me, on the other hand. Thus, WHO shall not be liable to me or any other person whatsoever for any damage, loss, accident, injury, illness and/or death sustained by me in connection with, or as a result of, my assignment as Temporary Adviser to WHO.

2. CONFLICT OF INTERESTS

I agree to truthfully complete the Declaration of Interests for WHO Experts and disclose any circumstances that may give rise to a real, potential or apparent conflict of interest in relation to my work as Temporary Adviser. I will ensure that the disclosed information is correct and will truthfully declare that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to promptly inform WHO of any change in these circumstances, including if an issue arises during the course of my work as Temporary Adviser. I understand and agree that this Memorandum of Agreement may be cancelled by WHO if WHO determines that the information disclosed by me in the Declaration of Interests requires modification or cancellation of the invitation extended to me to serve as Temporary Adviser to WHO.

3. INSURANCE

I agree that the insurance arrangements set forth below are being made by WHO without any prejudice whatsoever to section 1 above. Thus, I agree that WHO shall not be liable for any damage, loss, accidents, injury, illness and/or death sustained by me in connection with, or as a result of, my assignment as Temporary Adviser to WHO.

I understand that I will be covered by an accident and emergency* insurance policy. (A description of the coverage pursuant to this insurance policy and an information booklet containing other information, including with regard to the procedure for submission and reimbursement of claims, are available on the website of Cigna <http://www.cignahealthbenefits.com> Under 'Plan members' the standard reference number **378/WHCPVE** should be entered and on the next screen the standard date of birth **31/01/1977**.)

I understand that the aforementioned insurance policy does not include general 'illness insurance' (medical insurance) for which I should obtain and maintain coverage under my national, institutional or private health insurance scheme, or from the insurance provider proposed by WHO in accordance with the following paragraph, that is valid in all locations in which I shall undertake the assignment on behalf of WHO.

¹ This form Memorandum of Agreement is for Temporary Advisers whose travel expenses are covered by their institution or participating in a virtual meeting.

I understand that I may purchase additional voluntary complementary insurance coverage directly from the insurance provider proposed by WHO, for compensation in case of death due to illness and medical expenses for general (non-emergency*) illness during the contract period, and that further information concerning the voluntary complementary insurance is available on the website of Cigna: <http://www.cignahealthbenefits.com>. Under 'Plan members' the standard reference number 378/WHCPVE should be entered and on the next screen the standard date of birth 31/01/1977.

I further understand that if I opt to purchase such additional voluntary complementary insurance, I must contact the insurance company directly and pay the applicable premiums for the whole contract period prior to the start date of the contract.

Finally, I understand, with regard to both (i) the accident and emergency* illness insurance policy, and (ii) the voluntary complementary insurance coverage, referred to herein that:

- all interactions relating to such insurance coverage shall be between the insurance company and myself, without the involvement of WHO.
- any insurance claims under either of the afore-mentioned policies must be submitted by me directly to the insurance company, which will review and process the claim without the involvement of WHO;
- WHO assumes no responsibility for non-payment by the insurance company of all or part of a claim that may be submitted by me; and
- WHO assumes no responsibility or liability with regard to any expenses which may be incurred by me in connection with any illness contracted in the location of my assignment with WHO which exceeds the amount of the insurance coverage (compulsory and/or voluntary) referred to in this letter or as a result of any failure on my part to ensure that I have adequate insurance coverage for general (non-emergency*) illness during the contract period.

* *Note: "Emergency" (as used herein) means a life-threatening situation or situation where the patient must start treatment within 48 hours and for whom travel is not possible for medical reasons.*

4. SMOKING POLICY

I understand and agree that smoking is not permitted in WHO premises or in any designated meeting areas outside WHO premises.

5. CONFIDENTIALITY

I undertake to exercise the utmost discretion in all matters relating to my assignment as Temporary Adviser to WHO. In this regard, I shall treat all information and documentation (in whatever format) to which I may gain access in connection with, or as a result of, my assignment as Temporary Adviser to WHO, as confidential and proprietary to WHO and/or parties collaborating with WHO, and agree to take all reasonable measures to ensure that such information and documentation (hereinafter jointly referred to as "Information"):

- (i) is not used for any purpose other than the performance of my work as Temporary Adviser to WHO; and

(ii) is disclosed and provided only to persons who have a need to know for the aforesaid purpose and are bound by like obligations of confidentiality and non-use as contained in this Memorandum of Agreement.

This undertaking does not cease upon completion of my work as Temporary Adviser. However, there shall be no obligation of confidentiality if and to the extent: (i) information is publicly available, or becomes publicly available through no fault of my own; or (ii) information was already known to me (as evidenced by written records) prior to its receipt by me; or (iii) information is received from a third party not in breach of an obligation of confidentiality.

I agree to promptly return any and all copies of the aforesaid information and documentation to WHO at the conclusion of my work as Temporary Adviser to WHO or upon earlier termination of this Memorandum of Agreement.

6. INDEPENDENCE

I agree to respect the impartiality and independence required of WHO. In this regard, I shall not seek or accept instructions regarding the work performed by me as Temporary Adviser to WHO from any Government or from any authority external to WHO.

7. RIGHTS

I agree that any and all rights in the work performed by me in connection with, or as a result of, my assignment as Temporary Adviser to WHO shall be exclusively vested in WHO. I hereby irrevocably and unconditionally assign all such rights to WHO and waive any moral rights attached to such work.

I understand and agree that WHO reserves the right (a) to revise such work, (b) to use it in a different way from that originally envisaged, or (c) not to use or publish it at all.

8. COMPLIANCE WITH WHO CODES AND POLICIES

By entering into this Memorandum of Agreement, I acknowledge that I have read, and hereby accept and agree to comply with, the WHO Policies (as defined below). In connection with the foregoing, I shall not engage in any conduct that would constitute a violation of the standards of conduct, as described in the WHO Policies. Without limiting the foregoing, I shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which I become aware. For purposes of this Memorandum of Agreement, the term "WHO Policies" means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; (iii) the WHO Code of Conduct for responsible Research; and (iv) the WHO Policy on Whistleblowing and Protection Against Retaliation, in each case, as amended from time to time and which are publicly available on the WHO website at the following link and at <http://www.who.int/about/ethics/en/>

9. ZERO TOLERANCE FOR SEXUAL EXPLOITATION AND ABUSE

WHO has zero tolerance towards sexual exploitation and abuse. In this regard, and without limiting any other provisions contained herein, I undertake (i) not to engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; and (ii) to promptly report to WHO, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which I becomes aware.

10. ANTI-TERRORISM AND UN SANCTIONS; FRAUD AND CORRUPTION

I warrant for the entire duration of my assignment as Temporary Adviser that:

- (i) I am not and will not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that I will not make any payment or provide any other support to any such person or entity and that I will not enter into any employment or subcontracting relationship with any such person or entity;
- (ii) I shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery and theft) in connection with the execution of this Memorandum of Agreement; and
- (iii) I shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, and theft) in connection with the execution of this Memorandum of Agreement.

11. BREACH OF ESSENTIAL TERMS

I acknowledge and agree that each of the provisions of paragraphs 9, 10 and 11 hereof constitutes an essential term of this Memorandum of Agreement, and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to:

- (i) terminate this Memorandum of Agreement, and/or any other contract concluded by WHO with me, immediately upon written notice to me, without any liability for termination charges or any other liability of any kind; and/or
- (ii) exclude me from entering into any future contractual or collaborative relationships with WHO.

WHO shall be entitled to report any violation of such provisions to WHO's governing bodies, other UN agencies, and/or donors.

12. USE OF WHO NAME AND EMBLEM

Without WHO's prior written approval, I shall not, in any statement or material of an advertising or promotional nature, refer to this Memorandum of Agreement or my relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

13. PUBLICATION OF AGREEMENT

Subject to considerations of confidentiality, WHO may acknowledge the existence of this Memorandum of Agreement to the public and publish and/or otherwise publicly disclose my name and general information with respect to my assignment as Temporary Adviser. Such disclosure will be made in accordance with WHO's Information Disclosure Policy and shall be consistent with the terms of this Agreement.

14. SURVIVING PROVISIONS

Those provisions of this Memorandum of Agreement that are intended by their nature to survive its expiration or earlier termination shall continue to apply.

15. SETTLEMENT OF DISPUTES

Any dispute relating to the interpretation or application of this Memorandum of Agreement shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

16. PRIVILEGES AND IMMUNITIES OF WHO

Nothing in or relating to this Memorandum of Agreement shall be deemed a waiver, express or implied, of any of the privileges and immunities of WHO, whether under the Convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on 21 November 1947, or otherwise, and no provision of this Memorandum of Agreement shall be interpreted or applied in a manner, or to an extent, inconsistent with such privileges and immunities.

By signing this Memorandum of Agreement, I confirm that I accept my assignment as Temporary Adviser, in accordance with and subject to the terms and conditions contained in the invitation letter and this Memorandum of Agreement.

Name:	_____
Signature ² :	_____ Date: _____
Place:	_____

Received by WHO:
Signature ³ : _____ Date: _____
Name and title of Responsible Officer: _____

² Signatures should never appear on a separate page without substantive text of the memorandum of agreement.

³ Signatures should never appear on a separate page without substantive text of the memorandum of agreement.

DECLARATION OF INTERESTS FOR WHO EXPERTS

WHO's work on global health issues requires the assistance of external experts who **may have interests related to their expertise**. To ensure the highest integrity and public confidence in its activities, WHO requires that experts serving in an advisory role disclose any circumstances that could give rise to a potential conflict of interest related to the subject of the activity in which they will be involved.

All experts serving in an advisory role must disclose any circumstances that could represent a **potential conflict of interest** (i.e., any interest that may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). You must disclose on this Declaration of Interests (DOI) form any financial, professional or other interest relevant to the subject of the work or meeting in which you have been asked to participate in or contribute towards and any interest that could be affected by the outcome of the meeting or work. You must also declare relevant interests of your immediate family members (see definition below) and, if you are aware of it, relevant interests of other parties with whom you have substantial common interests and which may be perceived as unduly influencing your judgement (e.g. employer, close professional associates, administrative unit or department). Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Please complete this form and submit it to WHO Secretariat if possible at least 4 weeks but no later than 2 weeks before the meeting or work. You must also promptly inform the Secretariat if there is any change in this information prior to, or during the course of, the meeting or work. All experts must complete this form before participation in a WHO activity can be confirmed. Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Answering "Yes" to a question on this form does not automatically disqualify you or limit your participation in a WHO activity. Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the subject at hand. One of the outcomes listed in the next paragraph can occur depending on the circumstances (e.g. nature and magnitude of the interest, timeframe and duration of the interest).

The Secretariat may conclude that no potential conflict exists or that the interest is irrelevant or insignificant. If, however, a declared interest is determined to be potentially or clearly significant, one or more of the following three measures for managing the conflict of interest may be applied. The Secretariat (i) allows full participation, with public disclosure of your interest; (ii) mandates partial exclusion (i.e., you will be excluded from that portion of the meeting or work related to the declared interest and from the corresponding decision making process); or (iii) mandates total exclusion (i.e., you will not be able to participate in any part of the meeting or work).

All potentially significant interests will be **disclosed** to the other participants at the start of the activity and you will be asked if there have been any changes. A summary of all declarations and actions taken to manage any declared interests will be **published** in resulting reports and work products. Furthermore, if the objectivity of the work or meeting in which you are involved is subsequently questioned, the contents of your DOI form may be made available by the Secretariat to persons outside WHO if the Director-General considers such disclosure to be in the best interest of the Organization, after consulting with you. Completing this DOI form means that you agree to these conditions.

If you are unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, you must disclose that a conflict of interest may exist and the Secretariat may decide that you be totally recused from the meeting or work concerned, after consulting with you.

Name:
Institution:
Email:

Date and title of meeting or work, including description of subject matter to be considered (if a number of substances or processes are to be evaluated, a list should be attached by the organizer of the activity):

Please answer each of the questions below. If the answer to any of the questions is "yes", briefly describe the circumstances on the last page of the form.

The term "you" refers to yourself and your immediate family members (i.e., spouse (or partner with whom you have a similar close personal relationship) and your children). "Commercial entity" includes any commercial business, an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related to the subject of the meeting or work. "Organization" includes a governmental, international or non-profit organization. "Meeting" includes a series or cycle of meetings.

EMPLOYMENT AND CONSULTING

Within the past 4 years, have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 1a Employment Yes No
- 1b Consulting, including service as a technical or other advisor Yes No

RESEARCH SUPPORT

Within the past 4 years, have you or has your research unit received support from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 2a Research support, including grants, collaborations, sponsorships, and other funding Yes No
- 2b Non-monetary support valued at more than US \$1000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) Yes No

Support (including honoraria) for being on a speakers bureau, giving speeches or training for a commercial entity or other organization with an interest related to the subject of the meeting or work?

INVESTMENT INTERESTS

Do you have current investments (valued at more than US \$5 000 overall) in a commercial entity with an interest related to the subject of the meeting or work? Please also include indirect investments such as a trust or holding company. You may exclude mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.

- 3a Stocks, bonds, stock options, other securities (e.g., short sales) Yes No
- 3b Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company) Yes No

INTELLECTUAL PROPERTY

Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work?

- 4a Patents, trademarks, or copyrights (including pending applications) Yes No
- 4b Proprietary know-how in a substance, technology or process Yes No

PUBLIC STATEMENTS AND POSITIONS (during the past 3 years)

- 5a As part of a regulatory, legislative or judicial process, have you provided an expert opinion or testimony, related to the subject of the meeting or work, for a commercial entity or other organization? Yes No
- 5b Have you held an office or other position, paid or unpaid, where you represented interests or defended a position related to the subject of the meeting or work? Yes No

ADDITIONAL INFORMATION

- 6a If not already disclosed above, have you worked for the competitor of a product that is the subject of the meeting or work, or will your participation in the meeting or work enable you to obtain access to a competitor's confidential proprietary information, or create for you a personal, professional, financial or business competitive advantage? Yes No
- 6b To your knowledge, would the outcome of the meeting or work benefit or adversely affect interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)? Yes No
- 6c Excluding WHO, has any person or entity paid or contributed towards your travel costs in connection with this WHO meeting or work? Yes No

6d Have you received any payments (other than for travel costs) or honoraria for speaking publicly on the subject of this WHO meeting or work? Yes No

6e Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence? Yes No

7. **TOBACCO OR TOBACCO PRODUCTS** (*answer without regard to relevance to the subject of the meeting or work*)

Within the past 4 years, have you had employment or received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco or tobacco products or representing the interests of any such entity?

Yes No

EXPLANATION OF "YES" RESPONSES: If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page. If you do not describe the nature of an interest or if you do not provide the amount or value involved where relevant, the conflict will be assumed to be significant.

Nos. 1 - 4: Type of interest, question number and category (e.g., Intellectual Property 4.a copyrights) and basic descriptive details.	Name of company, organization, or institution	Belongs to you, a family member, employer, research unit or other?	Amount of income or value of interest (if not disclosed, is assumed to be significant)	Current interest (or year ceased)

Nos. 5-6: Describe the subject, specific circumstances, parties involved, time frame and other relevant details

CONSENT TO DISCLOSURE. By completing and signing this form, you consent to the disclosure of any relevant conflicts to other meeting participants and in the resulting report or work product.

DECLARATION. I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible staff of WHO and complete a new declaration of interests form that describes the changes. This includes any change that occurs before or during the meeting or work itself and through the period up to the publication of the final results or completion of the activity concerned.

Date: _____

Signature _____

Annex A

Guidance to Experts in Connection with the Completion of WHO DOI Forms

To be sent with the DOI form

The following table provides guidance to experts as to the type and extent of information that experts should disclose as they complete WHO Declaration of Interests Form.

Type of Interest in Relation to subject of meeting or work	Examples of Information Required
Expert's employment or that of an immediate family member	Indicate: a. name of employer b. title and function c. period of employment
Consulting work	Indicate: a. name of contracting party b. period of consultancy c. nature / subject of consultancy d. amount of income earned per consultancy
Research support	Indicate: a. source of the support b. amount of support c. whether support provided to expert personally, immediate family member or institution to which the expert is affiliated d. subject matter of research supported e. expert's role in the conduct of the research supported (e.g. <i>head of research team, director of programme, scientist part of a larger team</i>)
Investments	Indicate whether investment in any single company is valued at: a. the nature of the investment (e.g. stock, bonds, partial or total ownership interest etc) b. more than \$5,000 c. provide the name of the company

.../..

Annex A

Intellectual Property	Describe: a. nature and object of the IP b. whether IP is still protected c. relevant licensing arrangements relating to the IP d. whether royalties are being paid
Public Statements and Positions	Describe: a. fora in which public position taken (<i>e.g. court, parliamentary committee etc.</i>) b. year concerned c. in brief, the position held d. the capacity in which the statement was made or position taken (<i>e.g. Mr. Smith in his capacity as president of ABC society</i>) e. indicate for how long approximately the position taken has been held or defended, if applicable e. whether there is a public record of the position held
Unfair or Competitive Advantage	a. state whether information obtained as a result of participation in the advisory body or activity could provide you with an unfair competitive advantage and/or a clear actual and direct financial or pecuniary benefit. b. Explain how you would propose to mitigate this concern.

Annex B

Code of Conduct for WHO Experts

Should be sent with the DOI form

WHO values and relies upon the normative and technical advice that is provided by leading subject matter experts in the context of its advisory/technical committees, meetings and other similar processes. Such advice contributes to the formulation of public health policies and norms that are promulgated by WHO for the benefit of its Member States.

In order to ensure the integrity of such processes, thereby contributing to their credibility in the eyes of WHO's stakeholders, it is critical that experts appointed by WHO to render technical or normative advice

- a. fully and honestly disclose all relevant interests and biases on the DOI Form that may give rise to real or perceived conflicts of interest. Such disclosure must also be made orally to all fellow expert committee, meeting or group members at the outset i.e. unless this is done by the Chairperson or Secretariat.
- b. spontaneously report any material changes to their disclosed interest on an on-going basis during the period in which the expert serves the Organization;
- c. respect the confidential nature of committee or meeting deliberations or of the advisory function assigned by WHO and not make any public statements regarding the work of the committee or meeting or regarding the expert's advice without prior consent from WHO;
- d. undertake not to engage in activities that may bring reputational harm to the WHO process that they are involved in;
- e. undertake to represent their views in a personal and individual capacity with the best interest of WHO in mind as opposed to representing the views of their employers, other institutions or governments.
- f. actively and fully participate in discussions and deliberations within the relevant advisory group, committee or meeting.

CONFIDENTIALITY UNDERTAKING

Should be sent with the invitation or appointment letter

1. The World Health Organization (WHO), acting through its Department of _____, has access to certain information relating to _____, which information WHO considers to be proprietary to itself or to parties collaborating with it (hereinafter referred to as "the Information").
2. The Undersigned, as a member of the _____ advisory meeting, group or committee (collectively referred to as the "the Advisory Process"), may have access to the Information in the course of his/her participation in the Advisory Process (whether at or in relation to Advisory Process meetings, internet-based collaborative workspaces, telephone conferences or otherwise).
3. WHO is willing to provide the Undersigned the Information, or arrange for the provision of the Information to the Undersigned, for the purpose of performing his/her responsibilities in connection with the activities of the Advisory Process ("the Purpose"), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.
4. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in this Undertaking, except that the Undersigned shall not be bound by any such obligations if and to the extent he/she is clearly able to demonstrate that the Information:
 - a) was known to him/her prior to any disclosure by or for WHO to the Undersigned; or
 - b) was in the public domain at the time of disclosure by or for WHO to the Undersigned; or
 - c) becomes part of the public domain through no fault of the Undersigned; or
 - d) becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality.
5. The Undersigned also undertakes not to communicate the deliberations and decisions of the Advisory Process to third parties except as agreed by WHO.
6. If requested to do so, the Undersigned agrees to return to WHO any and all copies of the Information.

.../..

Annex C

7. The obligations of the Undersigned shall survive the termination of his/her membership in the Advisory Process.
8. Any dispute relating to the interpretation or application of this Undertaking shall, unless amicably settled, be subject to a conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the UNCITRAL rules of arbitration. The parties shall accept the arbitral award as final.

Name:

Signature:

Date:

CURRICULUM VITAE FORM

CURRICULUM VITAE

PERSONAL DATA (INFORMATIONS PERSONNELLES)				
TITLE/SALUTATION <i>Titre</i>	<input type="checkbox"/> Professor <i>Professeur</i> <input type="checkbox"/> Dr <i>D^r</i> <input type="checkbox"/> Mr <i>M.</i> <input type="checkbox"/> Mrs <i>Mme</i> <input type="checkbox"/> Ms <i>Mlle</i> <input type="checkbox"/> Others (specify) <i>Autre (précisez)</i>			
SURNAME/FAMILY NAME/LAST NAME <i>Nom de famille</i>		FIRST/GIVEN NAME <i>Prénom</i>	OTHER NAMES (if applicable) <i>Autres prénoms (le cas échéant)</i>	
SEX (le sexe) <input type="checkbox"/> Male mâle <input type="checkbox"/> Female femme	DATE OF BIRTH (dd/mm/yyyy) <i>Date de naissance (jj/mm/aaaa)</i>		CURRENT NATIONALITY (Nationalité)	
MAILING ADDRESS (Adresse pour la correspondance)				
TELEPHONE NO (Téléphone)	FACSIMILE (Télécopie)		EMAIL ADDRESS (Adresse électronique)	
EMPLOYMENT/WORK HISTORY (EMPLOI/CARRIÈRE)				
1. PRESENT APPOINTMENT/EMPLOYMENT (POSTE/EMPLOI ACTUEL)				
POSITION/DESIGNATION (Poste/Désignation)			HELD SINCE (mm/yyyy) <i>En poste depuis (mm/aaaa)</i>	
DIVISION/DEPARTMENT/UNIT <i>(Division/Département/Unité)</i>		MINISTRY/INSTITUTION/ORGANIZATION <i>(Ministère/Institution/Organisation)</i>		
ADDRESS OF MINISTRY/INSTITUTION/ORGANIZATION (Adresse du Ministère/de l'Institution/de l'Organisation)				
2. PREVIOUS POSITION/S (POSTE(S) PRÉCÉDENT(S))				
PLEASE LIST PREVIOUS POSITION/S HELD IN THE LAST FIVE YEARS (Start from the most recent) (i.e. Job Title, Organization, Address, Start and End Date) <i>AUTRES EMPLOIS OCCUPÉS CES CINQ DERNIÈRES ANNÉES (commencez par le plus récent) (ex. : intitulé du poste, organisation, adresse, date de début et de fin)</i>				
PROFESSIONAL EDUCATIONAL ATTAINMENT List only higher education certificates, degrees and diplomas. Primary, secondary or high school is not necessary. NIVEAU D'ÉTUDES SUPÉRIEURES <i>Indiquez uniquement les certificats et diplômes de l'enseignement supérieur. Il n'est pas nécessaire de citer ceux obtenus dans l'enseignement primaire et secondaire ou au lycée.</i>				
Degree/diploma earned <i>Diplôme obtenu</i>	Field of study <i>Domaine d'études</i>	Name of institution <i>Nom de l'établissement</i>	Period of study <i>Période d'études</i> From-To (Du-Au)	Language of study <i>Langue</i>
LIST OF YOUR IMPORTANT PUBLICATIONS (May use separate sheets, if necessary. No need to attach copies of publications.) <i>LISTE DE VOS PUBLICATIONS IMPORTANTES (Au besoin, utilisez une feuille séparée. Il n'est pas nécessaire de joindre des copies des publications.)</i>				

LANGUAGE ABILITY (CONNAISSANCES LINGUISTIQUES)**WHAT IS YOUR MOTHER TONGUE? (Quelle est votre langue maternelle ?)**

Please enter appropriate number from codes below to indicate your language ability
 Prière d'indiquer vos connaissances linguistiques en utilisant le code numérique ci-dessous

English [] Anglais	speaking ability [] parlé	reading ability [] lu	writing ability [] écrit
French [] Français	speaking ability [] parlé	reading ability [] lu	writing ability [] écrit
	(1) meets routine travel and courtesy needs <i>suffisant pour des voyages et des échanges de politesses</i>	(1) fair comprehension of newspaper articles and similar materials <i>comprends suffisamment les articles de journaux et textes analogues</i>	(1) draft routine correspondence <i>rédige des textes de correspondance courante</i>
	(2) meets social and technical demands in my field <i>satisfais aux exigences sociales et techniques de ma spécialité</i>	(2) read technical writing in my field - <i>lis des textes techniques dans mon domaine</i>	(2) draft reports and papers of limited difficulty - <i>rédige des rapports et des exposés moyennement difficiles</i>
	(3) engage freely in conversation <i>peux soutenir une conversation sans difficulté</i>	(3) understand more difficult written material - <i>comprends des textes relativement difficiles</i>	(3) write material of complicated nature - <i>rédige des textes complexes</i>
	(4) as fluent as mother tongue <i>parle presque aussi couramment que ma langue maternelle</i>	(4) as good as mother tongue <i>lis couramment, presque comme dans ma langue maternelle</i>	(4) write as well as mother tongue <i>rédige presque aussi facilement que dans ma langue maternelle</i>

These portions (bank details and attachments) should be accomplished if travel expenses are funded by WHO

Veillez remplir les rubriques suivantes (coordonnées bancaires et pièces jointes) si les frais de déplacement des participants ou des conseillers temporaires sont pris en charge par l'OMS.

BANK DETAILS (COORDONNÉES BANCAIRES)

Bank account name: <i>Nom associé au compte bancaire :</i>	Bank account currency: <i>Devise du compte bancaire :</i>
Bank account number: <i>Numéro de compte :</i>	SWIFT/BIC Code: <i>SWIFT/BIC :</i>
Bank name: <i>Nom de la banque :</i>	IBAN Number: <i>IBAN :</i>
Bank branch name: <i>Nom de l'agence bancaire :</i>	Local Clearing Code: <i>Code de compensation local :</i>
Bank branch address: <i>Adresse de l'agence bancaire :</i>	

Notes:

- SWIFT/BIC Code are mandatory for all countries.
Le code SWIFT/BIC obligatoire pour tous les pays.
- IBAN (International Bank Account Number) is required for payments to accounts held in some countries such as France and New Caledonia.
L'IBAN (International Bank Account Number) est requis pour les paiements sur des comptes détenus dans certains pays tels que la France et la Nouvelle-Calédonie.
- The use of Local Clearing Codes (SORT/ABA/IFSC/REG etc) are required in specific countries such as Australia, Japan and Viet Nam.
L'utilisation de codes de compensation locaux (SORT/ABA/IFSC/REG, etc.) est nécessaire dans certains pays tels que l'Australie, le Japon et le Viet Nam.
- Above information can be found in your bank statement or you may consult your bank, if necessary.
Les informations ci-dessus se trouvent sur votre relevé bancaire ; vous pouvez consulter votre banque, si nécessaire.

ATTACHMENTS (PIÈCES JOINTES)

Please attach a scanned copy of your passport biopage and submit together with the filled in and signed CV form.
Veillez joindre une copie numérisée de la page d'identification de votre passeport et l'envoyer avec le CV rempli et signé.

I confirm that the information provided in this form is accurate, correct and complete.

Je confirme que les informations fournies dans ce formulaire sont exactes, correctes et complètes.

Signatureⁱ of candidate (*Signature du candidat*)

Date (*Date*)

ⁱ Optional for electronically sent forms for temporary advisers.

Signature optionnelle en cas d'envoi du formulaire d'un conseiller temporaire par voie électronique.