



Our ref.: 6765593/2026/SSCD/TCP/RAV-TC-TC-17

3 July 2026

Annex: 1 (available in English only)

Subject: The seventeenth RA V Training Course on Tropical Cyclones and the Advanced Training Course on Tropical Cyclones (Nadi, Fiji, respectively 5-9 and 12-16 October 2026)

Action required: Completed nomination form to be submitted **on or before 31 July 2026**

Dear Sir/Madam,

During the twenty-third session of the Regional Association V Tropical Cyclone Committee (5-7 August 2025, held online), Members emphasized the importance of the serial RA V Training Course on Tropical Cyclones (TC) and reported substantial benefits from this training. Additionally, it is envisaged to organize an Advanced TC Training Course in 2026 for selected Member countries, as was done in 2024.

In this regard, I am pleased to inform you that, at the kind invitation of the Government of Fiji, the seventeenth RA V Training Course on Tropical Cyclones will be held in Nadi, Fiji from 5 to 9 October 2026 and the Advanced Training Course on Tropical Cyclones at the same place from 12 to 16 October 2026.

I would, therefore, like to invite you to nominate an expert to participate in the two above-mentioned training courses. The nomination forms are enclosed herewith ([Annex I](#)). The information note for participants and an outline of the provisional programmes will be made available in due course. The training events will be conducted in English only.

Due to the limited funds available for this event, it is hoped that your Service could consider covering the expenses relating to the attendance of your nominated expert. However, upon request, WMO could consider providing financial support (travel (most economical route) and a lump sum in lieu of per diem) for the participation of your nominated expert. If such assistance is required, kindly indicate this in the nomination form

Regarding insurance coverage for non-staff members, may I draw your attention to the following:

*"Non-staff members of WMO who are authorized to travel at the Organization's expense and/or who are receiving a DSA from WMO must ensure they are fully responsible for expenses incurred in the event of death, illness or injury during official travel and attendance at meetings on behalf of the Organization. They are, therefore, fully responsible for arranging life, health, accident, as well as any other forms of insurance with an adequate level of coverage for the duration of such meetings and events. WMO liability is limited to the performance of services or attendance at a meeting on behalf of the Organization, is covered by an injury and illness benefit insurance which provides a limited coverage for medical, emergency and supplementary official travel expenses."*

To: Permanent Representatives of Members of Regional Association V – Samoa, Tonga, Vanuatu (limited distribution)

Cc: Mr Latia Fifta ([laitiaf@met.gov.to](mailto:laitiaf@met.gov.to)), President of Regional Association V, Nuku'alofa, Tonga  
Mr Chris Noble ([chris.noble@metSERVICE.com](mailto:chris.noble@metSERVICE.com)), Chair of the RAV Tropical Cyclone Committee, Wellington, New Zealand

For administrative purposes, I would be grateful if you could notify the WMO Secretariat (Ms Anne-Claire Fontan ([acfontan@wmo.int](mailto:acfontan@wmo.int)) and Mr Yasushi Mochizuki ([ymochizuki@wmo.int](mailto:ymochizuki@wmo.int)) **on or before 31 July 2026**, whether the expert from your Service will be able to participate and whether financial assistance would be required, by completing the Nomination Form ([Annex I](#)).

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Ko Barrett', with a long, sweeping horizontal stroke extending to the right.

Ms Ko Barrett  
for the Secretary-General

**THE 17TH RA V TRAINING COURSE ON TROPICAL CYCLONES  
AND THE ADVANCED TRAINING COURSE ON TROPICAL CYCLONES  
(NADI, FIJI, 5-9 AND 12-16 OCTOBER 2026)**

**NOMINATION FORM**

The Government of ..... nominates the following candidate as a participant on the two above training courses:

|                                |          |                    |                                                                                    |
|--------------------------------|----------|--------------------|------------------------------------------------------------------------------------|
| <b>Family Name *</b>           |          |                    | <b>Gender:</b><br>Male <input type="checkbox"/><br>Female <input type="checkbox"/> |
| <b>First Name *</b>            |          |                    |                                                                                    |
| <b>Address (Office)</b>        |          |                    |                                                                                    |
| <b>City – Country</b>          |          |                    |                                                                                    |
| <b>Telephone</b>               | Office + | Home +             |                                                                                    |
| <b>E-mail</b>                  |          |                    |                                                                                    |
| <b>Date and Place of Birth</b> |          | <b>Nationality</b> |                                                                                    |
| <b>Passport No.</b>            |          | <b>Expiry Date</b> |                                                                                    |

**Mother tongue\***

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\*Note: For nominees whose primary language is not English, this nomination form **must** be accompanied by a relevant language proficiency certificate as a necessary condition for acceptance.

**Qualifications:**

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**Training in the field of meteorology** (other than as noted above):

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**Present position and brief description of duties:**

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**Brief description of past relevant professional/operational experience:**

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**Name and address of person to be notified in case of emergency:**

|                   |  |
|-------------------|--|
| Name              |  |
| Address           |  |
| Telephone / Email |  |

**Financial assistance:**

|                            |                                                             |
|----------------------------|-------------------------------------------------------------|
| Financial support required | YES <input type="checkbox"/> or NO <input type="checkbox"/> |
|----------------------------|-------------------------------------------------------------|

.....

Date

.....

Signature of Permanent Representative

To be completed and returned by mail, at the latest **by 31 July 2026** to Anne-Claire Fontan ([acfontan@wmo.int](mailto:acfontan@wmo.int)) and Yasushi Mochizuki ([ymochizuki@wmo.int](mailto:ymochizuki@wmo.int)).