International Labour Conference
(102nd Session, Geneva, 5–20 June 2013)

Form for credentials of delegations

(Revised version)

Please return all eight pages to the Office of the Legal Adviser
of the International Labour Office,
4 route des Morillons, CH-1211 Geneva 22
Fax: +41 22 799 84 70
before 20 May 2013
(See enclosed note, section 4)

Name of country:

Government delegation

For each person, please indicate, in order, Mr/Mrs/Ms, surname, first name(s) and full title, for instance:
Ms COOPER, Sandra, Assistant Secretary, Labour Relations Branch, Labour Department

MINISTER(S) ATTENDING THE CONFERENCE
(not being nominated as delegate(s))

(See enclosed note, section 6(a))

Mr/Mrs/Ms	Surname (family name)	First name(s) (personal name)	Position/title

PERSONS ACCOMPANYING THE MINISTER(S)

(See enclosed note, section 6(b))

Mr/Mrs/Ms	Surname (family name)	First name(s) (personal name)	Position/title	Ministry/institution

DELEGATES

Each Government delegation must comprise **2 delegates**
(See enclosed note, section 6(c))

Mr/Mrs/Ms	Surname (family name)	First name(s) (personal name)	Position/title	Ministry/institution

ADVISERS AND SUBSTITUTE DELEGATES

Maximum of 20 persons,
except where additional advisers are appointed for non-metropolitan territories
(See enclosed note, sections 6(d) and 6(e))
Please indicate clearly which advisers are appointed as substitute delegates. If no specific indication is given, all persons will be listed as advisers.

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Ministry/institution	Substitute delegate? (please indicate "YES" in the corresponding cell)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Ministry/institution	Substitute delegate? (please indicate "YES" in the corresponding cell)
18						
19						
20						

PERSONS APPOINTED IN ACCORDANCE WITH ARTICLE 2.3(i)
OF THE CONFERENCE STANDING ORDERS

Maximum of 10 persons (see enclosed note, section 6(f))

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Ministry/institution
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

REPRESENTATIVES OF A STATE OR PROVINCE OF A FEDERAL STATE

(See enclosed note, section 6(g))

OTHER PARTICIPANTS

Where appropriate, please indicate below any person appointed as:
– other persons attending the Conference (see enclosed note, section 6(h));
– support staff (see enclosed note, section 6(i)).

Employers' delegation

For each person, please indicate, Mr/Mrs/Ms, surname, first name(s), the employers' organization represented and the function of the person within that organization, for instance:

Mr HOLMES, David Anthony, Chairperson, Industrial Committee, Chamber of Commerce and Industry

DELEGATE

One person only
(See enclosed note, section 6(c))

Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Organization

ADVISERS AND SUBSTITUTE DELEGATES

Maximum of 10 persons,
except where additional advisers are appointed for non-metropolitan territories
(See enclosed note, sections 6(d) and 6(e))
Please indicate clearly which advisers are appointed as substitute delegates. If no specific indication is given, all persons will be listed as advisers.

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Organization	Substitute delegate? (please indicate "YES" in the corresponding cell)
1						
2						
3						
4						
5						
6						
7						
8						

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Organization	Substitute delegate? (please indicate "YES" in the corresponding cell)
9						
10						

PERSONS APPOINTED IN ACCORDANCE WITH ARTICLE 2.3(i)
OF THE CONFERENCE STANDING ORDERS

Maximum of 5 persons (see enclosed note, section 6(f))

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Organization
1					
2					
3					
4					
5					

OTHER PARTICIPANTS

Where appropriate, please indicate below any person appointed as:
– other persons attending the Conference (see enclosed note, section 6(h));
– support staff (see enclosed note, section 6(i)).

Workers' delegation

For each person, please indicate Mr/Mrs/Ms, surname, first name(s), the workers' organization represented and the function of the person within that organization, for instance:

Ms JONES, Lesley, Assistant General Secretary, Trade Unions Council

DELEGATE

One person only
(See enclosed note, section 6(c))

Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Organization

ADVISERS AND SUBSTITUTE DELEGATES

Maximum of 10 persons,
except where additional advisers are appointed for non-metropolitan territories
(See enclosed note, sections 6(d) and 6(e))
Please indicate clearly which advisers are appointed as substitute delegates. If no specific indication is given, all persons will be listed as advisers.

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Organization	Substitute delegate? (please indicate "YES" in the corresponding cell)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

PERSONS APPOINTED IN ACCORDANCE WITH ARTICLE 2.3(i)
OF THE CONFERENCE STANDING ORDERS

Maximum of 5 persons (see enclosed note, section 6(f))

	Mr/Mrs/ Ms	Surname (family name)	First name(s) (personal name)	Position/title	Organization
1					
2					
3					
4					
5					

OTHER PARTICIPANTS

Where appropriate, please indicate below any person appointed as:
– other persons attending the Conference (see enclosed note, section 6(h));
– support staff (see enclosed note, section 6(i)).

Other information

The information requested below, concerning the employers' and workers' organizations consulted for the nomination of the delegation as well as the extent to which the government has paid the participation expenses of the tripartite delegation, is necessary for the Credentials Committee to discharge its functions.
(See enclosed note, section 2)

ORGANIZATIONS CONSULTED FOR THE NOMINATION OF THE DELEGATION

Employers' organizations …….

……...

……...

Workers' organizations …….

……...

……...

PAYMENT OF EXPENSES OF THE DELEGATION

Please cross the appropriate box

Expenses paid for the whole delegation ☐

Expenses paid for part of the delegation ☐

Please indicate, for each group, the number of persons whose expenses have been borne by the Government:

……...

……...

……...

Part of the expenses paid for the whole delegation ☐

Please indicate the expenses paid (travel, subsistence):

……...

……...

……...

Part of the expenses paid for part of the delegation ☐

Please indicate, for each group, the number of persons whose expenses have been paid and the type of expenses paid (travel, subsistence):

……...

……...

……...

Done in ……, on …….. 2013

Signature ……..……

Name ……..……..

Function ……..……..