



COURSE APPLICATION FORM

Insert a
recent
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picture

Complete this form in full, by computer or by hand in block letters, printing clearly in black ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to.

Please send your application by e-mail to the address indicated in the course announcement posted on the web page:

*ICCROM
Via di San Michele 13,
I-00153 ROME, ITALY
TEL: (+39) 06 585.531
FAX: (+39) 06. 5855.3349
E-Mail: soima2015@iccrom.org*

Should it not be possible to provide a scanned version of the photographs and signatures, it will also be necessary to send a hard copy. Incomplete forms will be given low priority.

Your application should reach ICCROM by the deadline announced in the course announcement; no application will be processed after the established deadline.

1. CANDIDATE

FAMILY NAME (SURNAME)

FIRST NAME(S)

NATIONALITY

M or F

DATE OF BIRTH: DAY MONTH YEAR

COUNTRY AND PLACE OF BIRTH

MARITAL STATUS

INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)

CITY

COUNTRY

POSTAL CODE

OFFICE TELEPHONE (+ area code)

HOME TELEPHONE (+ area code)

FAX (+ area code)

E-MAIL

MAILING ADDRESS (if different from above)

NOTE: Should you be selected, your picture will be used in the final participant list and other relevant course material.

2. TRAINING ACTIVITY

Indicate the course for which you are applying

COURSE TITLE

YEAR

VENUE



3. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM – TO)	DEGREE OBTAINED (Title and subject)
B. RELEVANT PROFESSIONAL COURSES (Including ICCROM courses)		
C. HAVE YOU ATTENDED PREVIOUS SOIMA COURSES		

4. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE _____ OTHER LANGUAGES _____

Spoken					
	1	2	3	4	5
English					
French					
Spanish					
Italian					

Understanding					
1	2	3	4	5	

Written					
1	2	3	4	5	

In the case of a course to be held in English, please enclose a certificate attesting your knowledge, for instance from the British Council or from an internationally accredited EFL course provider in the case of English or a certificate from the Alliance Française for French, or equivalent as appropriate.

5. PROFESSIONAL ACTIVITIES

PRESENT OCCUPATION _____ FROM (DATE) _____

INSTITUTION, ORGANIZATION OR COMPANY _____

ADDRESS _____ TELEPHONE (+ area code) _____ FAX (+ area code) _____ E-MAIL _____

NAME OF PERSON WHO SUPERVISES YOU AND HIS/HER E-MAIL ADDRESS _____



Describe your current responsibilities and professional activities

.....

.....

.....

RELEVANT PREVIOUS ACTIVITIES	FROM -TO (DATES)	RESPONSIBILITIES

6. PERSONAL STATEMENT (MANDATORY)

Explain why you are applying for this course, what you hope to learn from it, and how it will benefit your professional development and your institution including a 700 word statement

Please use the space allocated at the end of this form.

7. FUNDING FOR COURSE PARTICIPATION

Successful applicants are expected to cover the costs of their participation (travel, fees and living expenses). Upon selection, accepted participants must pay a compulsory course fee of Euro 600.

Applicants are encouraged to seek scholarships in their own countries - from state institutions, foundations, or employers.

In cases of proven financial need, and depending on the availability of funding from external sources at the time of the course. ICCROM may grant a limited number of scholarships (accommodation and living expenses).

8. OFFICIAL ENDORSEMENT

Your application will not be considered unless this section is correctly filled in by the person endorsing the application (public official, employer, or academic supervisor). The undersigned:

.....

NAME TITLE OR POSITION INSTITUTION OR ORGANIZATION

.....

ADDRESS TELEPHONE (+ area code) FAX (+ area code) E-MAIL

endorses the application of the candidate: [NAME.....]
 Will the candidate's present position still be available to him/her after the course is over? YES NO

.....

SIGNATURE OF PERSON ENDORSING APPLICATION DATE STAMP OF INSTITUTION



9. CANDIDATE'S STATEMENT

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed study programme. I also take note that if my application is accepted I shall have to undergo a medical examination at my own expense, according to instructions received from ICCROM, and that my participation in the course will be conditional upon the satisfactory results of this examination. I also declare that I will be returning to my current employer, on completion of the course.

CANDIDATE'S SIGNATURE

DATE

How did you learn about the course?

PERSONAL STATEMENT