



## COURSE APPLICATION FORM

Insert a  
recent  
digital  
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  
E-Mail: soima2017@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	
PASSPORT NUMBER	PASSPORT ISSUE DATE	PASSPORT EXPIRY DATE		
INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)				
CITY	COUNTRY	POSTAL CODE		
OFFICE TELEPHONE (+ area code)	HOME TELEPHONE (+ 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)

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)

Please describe a project that you are currently engaged in or plan to undertake that focuses on preservation and/or access. Please describe your role in that project. Please include any challenges you have encountered in your project as well as any challenges you feel are likely to arise for the 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) 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

**Please describe a project that you are currently engaged in or plan to undertake that focuses on preservation and/or access. Please describe your role in that project. Please include any challenges you have encountered in your project as well as any challenges you feel are likely to arise for the 700 word statement.**

