

# COURSE APPLICATION FORM

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) 06 585.5305 FAX: (+39) 06. 5855.3349 E-MAIL: <u>reorg@iccrom.org</u>

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

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

### 1. CANDIDATE

Insert a

digital

picture

FAMILY NAME (SURNAME)	FIRST NAME(S)	NATIONALITY	M or F		
DATE OF BIRTH: DAY MONTH YEAR	COUNTRY AND PLACE OF BIR	TH N	MARITAL STATUS		
INSTITUTION/BUSINE	SS NAME AND ADDRESS (you mus	t provide this information	on)		
CITY	COUNTRY	POSTAL	CODE		
OFFICE TELEPHONE (+ area code)	HOME TELEPHONE (+ area code)	FAX (+ area code)	E-MAIL		
MA	ILING ADDRESS (if different from at	oove)			
2. TRAINING ACTIVITY Indicate the course for which you are applying					
COURSE TITLE	YEAF	3	/ENUE		

# **3. EDUCATIONAL BACKGROUND**



A. ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM – TO)	DEGREE OBTAINED
		(Title and subject)
B. RELEVANT PROFESSIONAL COURSES (Inclu	ding ICCROM courses)	

### 4. PUBLICATIONS AND RESEARCH

List your significant publications (title, publisher & date) and/or research projects


### **5. 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.



# 6. PROFESSIONAL ACTIVITIES

PRESENT OCCUPATION		FROM (DATE)	
INSTITUTION, ORGANIZ	ATION OR COMPANY		
ADDRESS	TELEPHONE (+ area code)	FAX (+ area code)	E-MAIL
NAME OF PERSON WHO	SUPERVISES YOU AND HIS/HEF	R E-MAIL ADDRESS	
Describe your current resp	consibilities and professional activitie	es	

RELEVANT PREVIOUS ACTIVITIES	FROM -TO (DATES)	RESPONSIBILITIES

#### 7. PERSONAL STATEMENT

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

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### 8. FUNDING

Applicants are encouraged to seek scholarships in their own countries - from state institutions, foundations, or employers. Always allow ample time for applications to be processed, and inform ICCROM immediately of the results.

In cases of proven financial need, organizers will be able to provide a limited number of scholarships. Acceptance to the course does not, in any way, guarantee the candidate access to a scholarship.

If accepted as a course participant, I will investigate the following sources of funding in my country:

### 9. 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 OR	GANIZATION
ADDRESS	TELEPHONE (+ area code	) FAX (+ area code )	E-MAIL
endorses the application of the Will the candidate's present pos	candidate: [NAME ition still be available to hin	1/her after the course is over?	] ? YES NO
SIGNATURE OF PERSON ENDOF	RSING APPLICATION D	ATE STAMP OF IN	STITUTION

### **10. 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?