UNESCO Chair Programme on Cultural Heritage and Risk Management, International Training Course (ITC) on Disaster Risk Management of Cultural Heritage 2017

APPLICATION FORM

Please complete this form in full, by computer.

1. APPLICANT

Family Name	First Name			
Middle Name				
Date of Birth: D/M/Y	Age			
Nationality	Place of Birth		Photograph	
Expertise	Gender			
() Cultural Heritage Field	() Male			
() Disaster Management	() Female			
or Related Field				
In which region is your country locate	d? (please refer to http://www	v.mofa.go.jp/region/ind	dex.html)	
What are main disaster risks in your a	rea? (ex; earthquake and fire)			
Official Presentation:				
() International Organization () National authority () Local authority		
() Professional institution of natio	nal relevance () Urban	Planner () Doc	toral Scholars	
() Private firm/Individual Professi	ional () NPO/NGOs () Others ()
Affiliation:				
Web Site: (If available)				
,				
Present Position:				
Office Address		Postal Cod	le: Country:	
Office Phone No. (+ Country Code)	Office Fax No.			
Home Address		Postal Cod	le: Country:	
Home Phone No. (+ Country Code) Home Fax No. Mo			pile (Cell) Phone No.	

E 11 4 1 1					
Email Address					
Preferred:					
Alternatives:					
Nearest Domestic Airport			_		
Airport Name:	Region:		Country:		
Please list any food you cannot	eat due to allergy proble	m or religio	ous reasons		
EDUCATIONAL BACKO	GROUND				
Full Name of Institution	College, Departm	nent	Duration		Degree Obtained
and Country			(from - to)		
Relevant Professional Cours	es				
Full Name of Course, Insti	tution and Country	Durati	on (from - to)	Ce	ertification Obtained
PUBLICATIONS AND F List your significant publication		te) and/or r	research projects		
Title		Р	ublisher		Date
		1			

3. ENGLISH LANGUAGE ABILITY

Please rate your language proficiency from Excellent to Poor

	Excellent	Good	Fair	Poor
Spoken				
Understanding				
Written				

4.	PROFESSIONA Describe your current	L ACTIVITIES responsibilities and pro	ofessional a	ctivities			
	Relevant	t Previous Activities		Dates	(from - to)	F	Responsibilities
							•
'	Professional Exper	rience					
	() Less than 2 year	rs experience in the cul		_			_
	-	erience in the cultural rience in the cultural h	_			_	
	-	ears experience in the	_			_	
5.	PERSONAL STA	ATEMENT					
		applying for this course nent and your institution	•	nope to lear	n from it, and ho	w it wil	ll benefit your
		,					

6. The Cultural Heritage Site for which a Disaster Risk Management Plan will be formulated: Name of the site: Is this a World Heritage Site? () Yes () No If not, what is the status of the site? () Tentative List of World Heritage () Nationally Protected Site () Locally Protected Site () Unprotected Site What is the type of cultural heritage selected by you? () Single Monument () Group of Buildings or Ensemble () Historic City or Urban Area () Archaeological Site () Cultural Landscape () Museum () Any other (please specify Location of the site Latitude / Longitude () * This information is available out through Google map by pointing the cursor on the designated location. Right click the location, and go to "Detail of the location" first. Once you see a green arrow appears, point the arrow by cursor to find out the information. Photo of the site 7. Reason for Selecting the above Cultural Heritage Site:



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Short paper



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QUESTIONNAIRE

As part of commitment to provide high quality training course, we would appreciate your honest and constructive reactions to this training course. All comments will, of course, be treated in the strictest confidence.

Q1. Where did you know this training course?

□A	From R-DMUCH or Ristumeikan University website
□B	From other website such as UNESCO, ICCROM, ICOMOS/ICORP or ICOM etc.
□С	From my colleagues or friends
	Other→ Please describe briefly.
□D	

Q2. What expectation do you have during this training course?

□A	I want to know techniques and policies of Disaster Risk Management for Cultural Heritage in case of
⊓B	I want to share the knowledge and experience with the other participants and resource person, and to
	make international network. Other→ Please describe briefly.
□С	Other→ Flease describe orieny.

Q3. What plan do you have after this training course?

□A	I will share the knowledge and experience with my colleagues.
□B	I will organize a training based on the experience and knowledge from the training in Japan.
□C	I will propose the Cultural Heritage Risk Management plan.
	Other→ Please describe briefly.
$\Box D$	



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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: Please E-mail the scanned copy of this page in PDF or jpg file.

Name of the person endorsing the application document	Title or Position		Institution or Organization				
Address							
Phone No. (+ Country Code)	Fax No.		Email Address				
endorses the application of the applic Name of the applicant	eant:						
Will the applicant's present position s	still be available to h	nim/her after the co	urse is over?				
() yes			() no				
Signature of the person endorsing the application							
Date		Stamp of Institution	on				
APPLICANT'S STATEMENT							
I declare that the information given in this application is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed training program.							
Applicant's Signature		Date					