**Group Training Course for Young Professionals**

**on Cultural Heritage Protection in the Asia-Pacific Region 2020**

# Application Form (2020)

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| First Name |  | | |  |
| Middle Name |  | | |
| Family Name |  | | |
| Gender | Male  Female | | |
| Date of Birth  (YY/MM/DD) | **/     /** | Age |  |
| Nationality |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Official Presentation | National authority  Local authority  International organisation  Professional institution of national relevance  NPO/NGOs  Private firm/ Individual professional Others ( ) | | | | | | |
| Organisation /Institution |  | | | | | | |
| Website (If available) |  | | | | | | |
| Department |  | | | | | | |
| Division/ Division |  | | | | | | |
| Present Position /Title |  | | | | | | |
| Postal Address  (Office) |  | | | | | Post Code: | |
| Office Phone |  | | | | | | |
| Office Fax |  | | | | | | |
| Postal Address  (Home) |  | | | | | Post Code: | |
| Home Phone/Fax |  | | | | | | |
| Mobile Phone |  | | | | | | |
| Preferred contact postal address | Office  Home | | | | | | |
| Email Address | Preferred:  Alternatives: | | | | | | |
| Nearest International Airport |  | | | | | | |
| Professional Experience (in the field of cultural heritage) | Less than 4 years’ experience in the cultural heritage protection field. (years)  5-7 years’ experience in the cultural heritage protection field.  More than 8 years’ experience in the cultural heritage protection field. (years) | | | | | | |
| Educational Background | Name of School/ University | | Duration (from-to) | | | Degree (major) | |
|  |  | |  | | |  | |
| Employment History | Organisation | | Duration (from-to) | | | Job Specification | |
|  |  | |  | | |  | |
| Relevant Work (multiple answers) | Excavation survey Documentation (measured drawing)  Documentation (photography)  Management of archaeological features  Management of archaeological artefacts (museum work)  Conservation science (materials: )  Others ( ) | | | | | | |
| Outline of Current Job Responsibilities |  | | | | | | |
| Participation Experience of Overseas Training Course | Full Name of Course/ Venue (country) / Host institution | | | | | | Date |
|  | ICCROM (//)  UNESCO (//)  WHITRAP (//)  JICA (//)  Other (//) | | | | | |  |
| English Proficiency  (Sufficient English proficiency is required for participation) | Listening | Speaking | | Writing | | Reading | |
|  | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | **Choose an item.** | |
| Certificate (If any)  \*TOEFL, IELTS etc. | TOEFL/ IELTS: ()  Other: | | | | | | |
| Food restrictions | No  Yes→Please specify: | | | | | | |
| Allergy | No  Yes→(Food: )  (Drug: ) | | | | | | |
| Smoking habits | No  Yes | | | | | | |
| (only for women)  Pregnancy | No  Yes ( months) | | | | | | |
| Medicine you currently take for treatment | No  Yes → (Name of medicine:) | | | | | | |
| How did you know this course? | ACCU website/ facebook ICCROM website Organisation (supervisor, head)  National Commission for UNESCO (NATCOM) Previous ACCU participants  Friends/Colleagues Other ( ) | | | | | | |
| Passport Number | No. | | | | Date of issue: | | |
|  | Name in passport: | | | | Date of expiration: | | |

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| I hereby certify that above statements are true and correct to the best of my knowledge and belief. I also declare that my health allows me to undertake the whole training programme. If I were accepted, I agree:   * not to bring any family members to Japan during the programme; * to return home at the end of the programme on the designated flight arranged by ACCU Nara; * that ACCU Nara will publish your reports as long as they are used for the programme purposes; * to accept all the terms and conditions presented by the organisers.   Date: Signature:    NAME IN PRINT: |