**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 |  |

|  |  |
| --- | --- |
| 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  | *
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*
*
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| 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:  |