

Application Form (2015)

This information sheet has to be accompanied by Recommendation Form [Annex 1] by the head of the organisation to which an applicant belongs Recommendation letter by NATCOM Achievement report on cultural heritage protection written by the applicant

〈Information should be typed or printed〉

Name in Full (in the passport)	FAMILY NAME / FIRST NAME / MIDDLE (if any) (SURNAME)	Please paste a recent photo. Write your name and nationality on the back of the photo. (Approx.40mm×40mm)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> / / <small>Day Month Year</small> </div> <div style="border-left: 1px dashed black; padding-left: 5px;"> Age </div> </div>	
Nationality: Name of your country		
Name of Organisation / Institution		
Department / Division		
Current Position / Title		
Office Address [Contact Address]		
Office Phone	(+)	
Office Fax	(+)	
Office e-mail		
Home Address		
Home Phone / Fax	(+)	
Home e-mail		
Nearest International Airport		
Reasons/Motivation for applying		

Educational Background (Please indicate the names of schools, periods of study, and a degree earned)	Name of School / University	Year Attended	Degree (Major)	
Employment history	Name of Organisation	Period	Job Specifications	
Outline of current job responsibilities				
Qualifications/License (if any)				
Training Course you have participated in previous years [Name and Year]				
English Proficiency	(Sufficient English Language proficiency is required for application)			
	Listening / Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
		(Native level)		(Limited understanding)
Certificate (if any) *TOEFL, IELTS etc.	TOEFL/IELTS Other			
Meal restrictions (for religious reasons)	<input type="checkbox"/> No <input type="checkbox"/> Yes → Please specify:			
Smoking habits?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you allergic to any medication or food?	<input type="checkbox"/> No <input type="checkbox"/> Yes → (Food:) (Medication:)			
Only for women: Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes (months)			
Do you currently use drugs for medical treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes → (Name of drugs:)			
Passport Number	No.	Date of Issue:		
	Name in Passport	Date of Expiration:		

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 member of my family to Japan during the programme;
- To return home at the end of the programme on the designated flight arranged by ACCU Nara Office;
- To waive my copyright of the final report produced by myself for publication as long as they are used for the programme purposes;
- To accept all the terms and conditions presented by the organisers.

Date: _____ / _____ / 2015
 day / month

Signature: _____

NAME IN PRINT _____