



COURSE APPLICATION FORM

Clip or staple two photos, this size (do not glue). Please print your name in block letters on the reverse of each photo

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.

****Please note that e-mail attachments of 10Mb or more cannot be received.**

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

1. CANDIDATE

.....
FAMILY NAME (SURNAME)

FIRST NAME(S)

NATIONALITY

M or F

.....
DATE OF BIRTH: DAY MONTH YEAR

COUNTRY AND PLACE OF BIRTH

MARITAL STATUS

.....
INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)

.....
CITY

COUNTRY

POSTAL CODE

.....
OFFICE TELEPHONE (+ area code)

HOME TELEPHONE (+ area code)

FAX (+ area code)

E-MAIL

.....
MAILING ADDRESS (if different from above)

2. TRAINING ACTIVITY

Indicate the course for which you are applying

.....
COURSE TITLE

YEAR

VENUE

3. EDUCATIONAL BACKGROUND

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

4. PUBLICATIONS AND RESEARCH

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

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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, ORGANIZATION OR COMPANY

..... ADDRESS TELEPHONE (+ area code) FAX (+ area code) E-MAIL

..... NAME OF PERSON WHO SUPERVISES YOU AND HIS/HER E-MAIL ADDRESS

Describe your current responsibilities and professional activities

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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 FOR COURSE PARTICIPATION

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.

Successful applicants are expected to cover the costs of their participation (travel, fees and living expenses).

In cases of proven financial need, and depending on the availability of funding from external sources at the time of the course, a limited number of partial scholarships may be granted. 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:

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.....

Please note that having funding available in no way ensures selection for a course, which is carried out on a competitive basis.

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 ORGANIZATION

ADDRESS TELEPHONE (+ area code) FAX (+ area code) E-MAIL

endorses the application of the candidate: [NAME.....]
Will the candidate's present position still be available to him/her after the course is over? YES NO

SIGNATURE OF PERSON ENDORSING APPLICATION DATE STAMP OF INSTITUTION

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?
