COURSE APPLICATION FORM

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:

ICCROM
Via di San Michele 13,
I-00153 ROME, ITALY
TEL: (+39) 06 585.531 FAX: (+39) 06 5855.3349
E-Mail: See course announcement

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

Should it not be possible to provide a scanned version of the photographs and signatures, it will be necessary to send a hard copy. Incomplete forms will be given low priority.

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

1. CANDIDATE

<table>
<thead>
<tr>
<th>FAMILY NAME (SURNAME)</th>
<th>FIRST NAME(S)</th>
<th>NATIONALITY</th>
<th>M or F</th>
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</thead>
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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

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>YEAR</th>
<th>VENUE</th>
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</thead>
</table>
3. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS

<table>
<thead>
<tr>
<th>FULL NAME OF INSTITUTION AND COUNTRY</th>
<th>DURATION (FROM – TO)</th>
<th>DEGREE OBTAINED (Title and subject)</th>
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B. RELEVANT PROFESSIONAL COURSES (Including ICCROM courses)


4. PUBLICATIONS AND RESEARCH
List your significant publications (title, publisher & date) and/or research projects


5. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE __________________________ OTHER LANGUAGES _______________________________

<table>
<thead>
<tr>
<th>Spoken</th>
<th>Understanding</th>
<th>Written</th>
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<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</table>

Spoken

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<th>Spanish</th>
<th>Italian</th>
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</table>
6. PROFESSIONAL ACTIVITIES

PRESENT OCCUPATION

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

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

...........................................................................................................................................................................
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). Upon selection, accepted participants must pay a compulsory course fee, which may not be waived.

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:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

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

Should I not succeed in finding any sources of funding, I will be requesting partial financial support from ICCROM.

YES…. NO....

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 ____________________________

edorses 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?

_________________________________________________________________________________________________________