



## 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:

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 also 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

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
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### 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					
Other( )					

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

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 for living expenses and travel. There is no course fee and accommodation for the period of the course will be provided free of charge by the course organizers.

In cases of proven financial need, and depending on the availability of funding 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.

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:

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NAME TITLE OR POSITION INSTITUTION OR ORGANIZATION

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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 .....

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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 declare that I will be returning to my current employer, on completion of the course.

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CANDIDATE'S SIGNATURE DATE

How did you learn about the course?

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