

Application Form (2017)

This information sheet has to be accompanied by ①Recommendation Form [Annex 1] by the head of the organisation to which an applicant belongs ②Recommendation letter by NATCOM ③Achievement report on cultural heritage protection written by the applicant

〈Information should be typed or printed〉

Name	FAMILY NAME (SURNAME)	FIRST NAME		Please paste a recent photo. Write your name and nationality on the back of the photo. (Approx.40mm×40mm)
	MIDDLE NAME (If any)	Please fill in your full name <u>as shown</u> in your <u>passport</u>.		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth	/ / <small>Day Month Year</small>	Age		
Nationality				

Official Presentation	<input type="checkbox"/> International Organisation <input type="checkbox"/> National authority <input type="checkbox"/> Local authority <input type="checkbox"/> Professional institution of national relevance <input type="checkbox"/> Urban Planner <input type="checkbox"/> Doctoral Scholars <input type="checkbox"/> Private firm/Individual Professional <input type="checkbox"/> NPO/NGOs <input type="checkbox"/> Others ()		
Organisation /Institution	Please give the <u>official</u> name of organization you belong to.		
Website (If available)			
Department / Division			
Present Position / Title			
Office Address			Post Code:
Office Phone	(+)		
Office Fax	(+)		
Home Address			Post Code:
Home Phone/Fax	(+)		
Mobile (Cell) Phone			
Which is a preferred contact address?	<input type="checkbox"/> Office <input type="checkbox"/> Home We will send official documents to the address you choose.		
Email Address	Preferred: Alternatives: We will send the result of selection and other important announcement by e-mail.		
Nearest International Airport	We will arrange your trip to Japan from the airport given here.		

Reasons/ Motivation for Applying			
Educational Background (Please indicate the names of schools, periods of study, and a degree earned)	Name of School/ University	Duration (from-to)	Degree (Major)
Employment history	Organisation	Duration (from-to)	Job Specification
Outline of current job responsibilities			
Qualifications/License (if any)			
Overseas Training Course you have participated	Full Name of Course, Institution/Organisation and Country	Duration (from-to)	
	<div style="border: 2px solid blue; border-radius: 10px; padding: 10px; text-align: center;"> <p>Please list all the professional <u>OVERSEAS</u> training courses offered by <u>official</u> institutions or organisations.</p> </div>		
Professional Experience	<input type="checkbox"/> Less than 3 years' experience in the cultural heritage protection field <input type="checkbox"/> 4 -10 years' experience in the cultural heritage protection field <input type="checkbox"/> 11-15 years' experience in the cultural heritage protection field <input type="checkbox"/> More than 15 years' experience in the cultural heritage protection field		

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	
Food 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 food or drug?	<input type="checkbox"/> No <input type="checkbox"/> Yes → (Food:) (Drug:)	
Only for women: Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes → (months)	
Do you currently take medicine for treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes → (Name of medicine:)	
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: / / 2017 Signature: _____
 day / month

NAME IN PRINT _____