**APPLICATION FORM**

**First Aid to Cultural Heritage in Times of Crisis**

This is the application form for the FAC-2018 course in the Netherlands, organized by the Prince Claus Fund, ICCROM, the Smithsonian Institution, and The Netherland’s Commission for UNESCO.

To be eligible to be selected as a participant in this course:

1. Please fill out **all** fields in this **form**. If information is missing this will impact your eligibility. The form has 9 sections.
2. Prepare a **personal statement** in a separate document of no more than 1000 words, covering:
   1. What **motivates** you to apply for this course?
   2. What do you **hope** to get out of this course?
   3. How would you put what you will learn in this course into **practice**?
   4. How would you **share** what you have learned in this course with others, e.g. your organization, (professional) community, or on a regional or even national level?
3. You are applying as part of an organization or with support from an organization. All applicants need to submit a written, signed, and dated **statement from your supervisor** outlining that, how, and why your organization supports you attending the FAC-course.
4. **Send an e-mail** with “FAC 2018 Application” in the subject line to [ICCROM-FAC2018@princeclausfund.nl](mailto:ICCROM-FAC2018@princeclausfund.nl?subject=FAC%202018%20Application). Attach all prepared documents in separate files with one of the following file formats: .doc, .docx, .odf, or .rtf, or. PDF. Please note that we will only accept submissions via e-mail.

**Application process and timeline:**

* 23 March 2018: Deadline for all applications
* End of March: All applicants will receive a response on their application, some will be shortlisted.
* First week of April: video/audio interviews with shortlisted applicants
* 16 April: communication of the final selection of participants.

If you have any questions about this application, please send an e-mail to [ICCROM-FAC2018@princeclausfund.nl](mailto:ICCROM-FAC2018@princeclausfund.nl?subject=FAC2018%20Application)

**1. Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last name(s)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **First name(s)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Nationality:** | |  | | | | | | | | |
| **Country of Residence:** | | | | |  | | | | | |
| **Gender** (please check with “X” or fill out Other) | | | | | | | | | | |
| *Female* |  | | *Male* | | |  | *Prefer not to say* | |  | *Other:* |
| **E-mail address**: | | | |  | | | | | | |
| **Telephone number** (incl. country code): | | | | | | | |  | | |
| **Preferred Video/Audio service for interview** (e.g. Skype, Google Hangouts, Viber, Telephone) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Video/Audio service address** (e.g. Skype, Google Hangouts, Viber address) | | | | | | | | | | |
|  | | | | | | | | | | |

**2. Educational Background**

Please list all obtained [tertiary education](https://en.wikipedia.org/wiki/Tertiary_education) degrees.

|  |  |  |  |
| --- | --- | --- | --- |
| **Institute** | **Institute’s Country** | **Name of degree/course** | **Duration** |
|  |  |  |  |
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**3. Continued Education and Courses**

Please list any FAC-relevant and certified courses you may have taken (e.g. other ICCROM courses, Red Cross First Aid Course), including any English language certification (e.g. EFL).

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| --- | --- | --- | --- |
| **Course name** | **Course organizer** | **Relevance to FAC** | **Duration** |
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**4. Language proficiency**

Please rate your proficiency in English and list up to four other languages you have proficiency with (mark with “X”).

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| --- | --- | --- | --- | --- | --- |
| **Language** | **1 (poor)** | **2** | **3** | **4** | **5 (fluent)** |
| 1. English |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

**5. Professional Details**

|  |  |  |
| --- | --- | --- |
| **Present Occupation** (Function title) | | |
|  | | |
| **Organization, Institution, or Company** | | |
|  | | |
| **Department** (if applicable) | | |
|  | | |
| **Address** (Street, number, State/province, Country) | | |
|  | | |
| **Organizational and/or departmental website** (if available) | | |
|  | | |
| **Organization’s telephone number** (incl. country code): | |  |
| **Name and function title of your direct supervisor** | | |
|  | | |
| **Email address of your direct supervisor:** |  | |
| NB Do not forget to add a separate and written statement from this supervisor to your application! | | |
| **Please describe your professional activities and responsibilities** (max 150 words): | | |
|  | | |

**6. Professional Experience**

Please list all previous professional activities that are FAC-relevant.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Organization** | **Description** |
|  |  |  |
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**7. Funding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Would you like to be considered for one of the available scholarships?**  (Mark with “X”; see Course Announcement document for overview of costs) | | | |
| *Yes* |  | *No* |  |
| **If you answered “Yes” above, please provide a short statement outlining the need for financial assistance** (max. 150 words). | | | |
|  | | | |

**8. Emergency Experience**

|  |  |
| --- | --- |
| **Do you reside in a high-risk to cultural heritage area?** (Mark “X” or fill out Other) | |
| *Yes, area prone to natural disasters* |  |
| *Yes, conflict area* |  |
| *Yes, an area that is both under threat of man-made and natural disasters* |  |
| *No* |  |
| *Other:* | |

**9. Statements**

Answer the following statements with either “Yes” or “No.”

|  |  |  |
| --- | --- | --- |
| **Statement** | | **Yes/No** |
| *I consent to having the personal data I provided in this form be collected and saved for future reference by the organizing parties, under the criteria of the EU General Data Protection Regulation.* | |  |
| *I declare that, to the best of my knowledge, I am in good physical health. If I will be selected to participate in the FAC-course I consent to undergoing a medical examination if this is asked for by the organizers.\** | |  |
| *I consent to having the personal data I provided in this form be processed for future reference by the organizing parties for up to one year after the end of the application process, under the criteria of the EU General Data Protection Regulation.\*\** | |  |
| *I declare that the above information is true and correct.* | |  |
| **Name:** |  | |
| **Date:** |  | |
| **Place:** |  | |

\* The successful completion of the FAC-course requires physical activities (specifically "emergency drills") that may be strenuous or exerting.

\*\* For more information on the EUGDPR, see [https://www.eugdpr.org/](https://www.eugdpr.org/article-summaries.html)

This is the end of the application form.

Do not forget to **attach a personal statement** and **a letter from your supervisor** to your application e-mail.