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**COURSE APPLICATION FORM**

INSERT PICTURE

Complete this form in full. 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 [wood2022@iccrom.org](mailto:wood2022@iccrom.org)

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

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) FIRSTNAME(S) NATIONALITY M or F

DATE OF BIRTH: DAY MONTH YEARCOUNTRY 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) |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
| B. RELEVANT PROFESSIONAL COURSES (Including ICCROM courses) | |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

**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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Spoken | | | | | |  | Understanding | | | | |  | Written | | | | |
|  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| English |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| French |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Italian |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other( ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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In the case of a course to be held in English, please enclose a certificateattesting 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

|  |  |  |
| --- | --- | --- |
| RELEVANTPREVIOUS 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:

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 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_