

**Group Training Course for Young Professionals
on Cultural Heritage Protection in the Asia-Pacific Region 2021**

Type words in the gray input box and press "Tab" key to move

Application Form (2021)

First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
Family Name	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Date of Birth (YY/MM/DD)	<input type="text"/> / <input type="text"/> / <input type="text"/> Age <input type="text"/>	
Nationality	<input type="text"/>	

Please fill in your full name as shown in your passport.

Please check the box.

Official Presentation	<input type="checkbox"/> National authority <input type="checkbox"/> Local authority <input type="checkbox"/> International organisation <input type="checkbox"/> Professional institution of national relevance <input type="checkbox"/> NPO/NGOs <input type="checkbox"/> Private firm/ Individual professional <input type="checkbox"/> Others ()	
Organisation /Institution	<p align="center">Please give the <u>official</u> name of organization you belong to.</p>	
Website (If available)		
Department		
Division/ Division		
Present Position /Title		
Postal Address (Office)	<input type="text"/>	Post Code: <input type="text"/>
Office Phone	<input type="text"/>	
Office Fax	<input type="text"/>	
Postal Address (Home)	<input type="text"/>	Post Code: <input type="text"/>
Home Phone/Fax	<input type="text"/>	
Mobile Phone	<input type="text"/>	
Preferred contact postal address	<input type="checkbox"/> Office <input type="checkbox"/> Home	
Email Address	Preferred: <input type="text"/> Alternatives: <input type="text"/>	<p align="center">We will send the result of selection and other important announcement by email.</p>

We will send official documents to the address you choose.

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[Form 1]

Professional Experience (in the field of cultural heritage)	<input type="checkbox"/> Less than 4 years' experience in the cultural heritage protection field. (years) <input type="checkbox"/> 5-7 years' experience in the cultural heritage protection field. <input type="checkbox"/> More than 8 years' experience in the cultural heritage protection field. (years)			
Academic Background (What did you major in at the university?)				
Educational Background	Name of School/ University	Duration (from-to)	Degree (major)	
Employment History	Organisation	Duration (from-to)	Job Specification	
Relevant Work (multiple answers)	<input type="checkbox"/> Excavation survey <input type="checkbox"/> Documentation (measured drawing) <input type="checkbox"/> Documentation (photography) <input type="checkbox"/> Management of archaeological features <input type="checkbox"/> Management of archaeological sites <input type="checkbox"/> Conservation science <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block; margin-top: 5px;"> Please check practices relevant to your daily work. </div>			
Outline of Current Job Responsibilities	➤ ➤ ➤ ➤ <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block; margin-top: 10px;"> For details of your work, please write in the short paper. </div>			
Participation Experience of Overseas Training Course	Full Name of Course/ Venue (country) / Host institution		Date	
	<input type="checkbox"/> ICCROM (/ /) <input type="checkbox"/> UNESCO (/ /) <input type="checkbox"/> WHITRAP (/ /) <input type="checkbox"/> JICA (/ /) <input type="checkbox"/> Other (/ /)			
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> Please list all the professional OVERSEAS training course offered by official institutes or organisations. </div>				
English Proficiency (Sufficient English proficiency is required for participation)	Listening	Speaking	Writing	Reading
	Choose an item.	Choose an item.	Choose an item.	Choose an item.

[Form 1]

Certificate (If any) *TOEFL, IELTS etc.	TOEFL/ IELTS: () Other:	
How did you know this course?	<input type="checkbox"/> ACCU website/ facebook <input type="checkbox"/> ICCROM website <input type="checkbox"/> Organisation (supervisor, head) <input type="checkbox"/> National Commission for UNESCO (NATCOM) <input type="checkbox"/> Previous ACCU participants <input type="checkbox"/> Friends/Colleagues <input type="checkbox"/> Other ()	
Do you have your own PC? *1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Where can you connect to the internet? *2	<input type="checkbox"/> Office <input type="checkbox"/> Home	
Zoom*3 (Please select an answer.)	<input type="checkbox"/> I frequently use Zoom. <input type="checkbox"/> I have used Zoom several times. <input type="checkbox"/> I have never used Zoom. <input type="checkbox"/> It is prohibited to use Zoom in my country.	

※ These are NOT selection criteria, just for our reference.

※Inquires *1-3 are NOT selection criteria.

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:

- that ACCU Nara will publish your reports as long as they are used for the programme purposes;
- to accept all the terms and conditions presented by the organisers.

Date: _____ Signature: _____

NAME IN PRINT: _____