

**APPLICATION FORM**

Insert a digital picture

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 registration with CV by e-mail to**

**DRM-IRS2018@seameo-spafa.org, hatthaya@seameo-spafa.org**

*Your registration should reach SEAMEO SPAFA by 27 December 2019.*

**1. PARTICIPANT**

FAMILY NAME (SURNAME) FIRSTNAME(S) NATIONALITY M or F

DATE OF BIRTH: DAY MONTH YEARCOUNTRY AND PLACE OF BIRTH MARITAL STATUS (optional)

INSTITUTION/BUSINESS NAME AND ADDRESS

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 training workshop/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 | |  |
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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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Spoken | | | | | |  | Understanding | | | | |  | Written | | | | |
|  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| English |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**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** (500 words maximum)

Please provide below a brief description (no more than 500 words) of:

* Previous experience, if any, of facing an emergency situation that called for an immediate response to safeguard cultural heritage or if you live in a risk-prone region, describe the risks that your cultural heritage is exposed to (explain what your role is in regards to that heritage);
* Reasons for attending this training workshop: what you hope to learn from it and how it will benefit the participants as well as her/his institution and country.

**8. PARTICIPANT'S STATEMENT**

I declare that the above information is true and correct. To the best of my knowledge, my health allows me to undertake the proposed study programme. I also take note that I shall have to undergo a medical examination at my own expense. I will be returning to my current employer, on completion of the training workshop.

SIGNATURE DATE