

COURSE 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 application by e-mail to aidincrisis@iccrom.org

Should it not be possible to provide a scanned version of the photographs, it will thus be necessary to send a hard copy to ICCROM - Via di San Michele 13, I-00153 ROME, ITALY. Incomplete forms will be given low priority.

Your application should reach ICCROM by **November 9, 2015**.
No application will be processed after this deadline.

1. CANDIDATE

.....
FAMILY NAME (SURNAME)

FIRST NAME(S)

NATIONALITY

M or F

.....
DATE OF BIRTH: DAY MONTH YEAR

COUNTRY AND PLACE OF BIRTH

MARITAL STATUS

.....
PASSPORT NUMBER

PASSPORT ISSUE DATE

PASSPORT EXPIRY DATE

.....
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

FIRST AID TO CULTURAL HERITAGE IN TIMES OF CRISIS

2016

Washington, DC USA

.....
COURSE TITLE

YEAR

VENUE

3. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM – TO)	DEGREE OBTAINED (Title and subject)
B. RELEVANT PROFESSIONAL COURSES (Including ICCROM courses)		

4. LANGUAGE ABILITY

FIRST LANGUAGE _____ OTHER LANGUAGES _____

Please rate your language proficiency from 1 (poor) to 5 (very good)

Spoken					
	1	2	3	4	5
English					
French					
Spanish					

Understanding					
	1	2	3	4	5

Written					
	1	2	3	4	5

If English is not your native language, please enclose a certificate attesting your knowledge, for instance from the British Council or from an internationally accredited EFL course provider.

5. 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

.....

.....

.....

RELEVANT PREVIOUS ACTIVITIES	FROM -TO (DATES)	RESPONSIBILITIES

6. PERSONAL STATEMENT (700 words maximum)

Please note that your personal statement is a compulsory requirement.

Applicants are requested to refer to and use the page allocated at the end of this form.

7. FUNDING

Successful applicants are expected to cover the costs of their participation (i.e., course fee of 900 Euro, round-trip travel costs to/ from Washington travel, and living and accommodation expenses estimated at 1600 Euro for the entire duration of the course in Washington, DC).

Do you anticipate that you will be able to cover all these costs? YES NO

If not, you are encouraged to seek financial assistance and scholarships in your own countries - from state institutions, foundations, or employer. ICCROM will provide a letter of support to assist you in your search for funding.

If you have not been fully successful in raising the necessary funds, ICCROM is able to provide a limited number of scholarships to cover your accommodation and living expenses.

8. 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

9. 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 take note that if my application is accepted I shall have to undergo a medical examination at my own expense, according to instructions received from ICCROM, and that my participation in the course will be conditional upon the satisfactory results of this examination. 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?
