



## COURSE APPLICATION FORM

Insert a  
digital  
picture

Please complete this form in full, by computer or by hand, 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 the address indicated in the course announcement posted on the web page:

ICCROM  
Via di San Michele 13, I-00153 ROME, ITALY  
TEL: (+39) 06 585.5305 FAX: (+39) 06. 5855.3349  
E-MAIL: [collections@iccrom.org](mailto:collections@iccrom.org)

Should it not be possible to provide a scanned version of the photographs and signatures, it will also be necessary to send a hard copy. 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) FIRST NAME(S) NATIONALITY M or F

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

### 4. PUBLICATIONS AND RESEARCH

List your significant publications (title, publisher & date) and/or research projects (not more than 10)

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### 5. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE \_\_\_\_\_ OTHER LANGUAGES \_\_\_\_\_

Spoken					
	1	2	3	4	5
English					
French					
Spanish					
Italian					

Understanding					
	1	2	3	4	5

Written					
	1	2	3	4	5

In the case of a course held in English, once you are selected, a certificate attesting your knowledge (British Council or from an internationally accredited EFL course provider or equivalent will be requested) .



## 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

RELEVANT PREVIOUS 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 (300 words)

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## 8. FUNDING

Selected JPC2017 participants will receive a contribution covering round-trip travel from the participant's country of origin, accommodation and subsistence during the course. However, participants must pay the compulsory course fee of Euro 900, which may not be waived.

## 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 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?  
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