



R-DMUCH

Institute of Disaster Mitigation for Urban Cultural Heritage, Ritsumeikan University, Kyoto Japan

Institute of Disaster Mitigation for Urban Cultural Heritage, Ritsumeikan University

## International Training Course (ITC)

### on Disaster Risk Management of Cultural Heritage 2015

# APPLICATION FORM

Please complete this form in full, by computer.

## 1. APPLICANT

Family Name	First Name	Photograph
Middle Name		
Date of Birth: D/M/Y	Age	
Nationality	Place of Birth	
Expertise ( ) Cultural Heritage Field ( ) Disaster Management or Related Field	Gender ( ) Male ( ) Female	
In which region is your country located? (please refer to <a href="http://www.mofa.go.jp/region/index.html">http://www.mofa.go.jp/region/index.html</a> )		
What are main disaster risks in your area? (ex; earthquake and fire)		

<b>Affiliation:</b>		
<b>Official Presentation:</b> ( ) National authority    ( ) Professional institution of national relevance    ( ) University ( ) Private firm/Individual Professional    ( ) NPO/NGO    ( ) Others ( )		
<b>Present Position</b>		
<b>Web Site:</b> (If available)		
Office Address	Postal Code:	Country:
Office Phone No. (+ Country Code)	Office Fax No.	
Home Address	Postal Code:	Country:
Home Phone No. (+ Country Code)	Home Fax No.	Mobile (Cell) Phone No.
Which is a preferred contact address? ( ) Office    ( ) Home		

Email Address Preferred: Alternatives:		
Nearest Domestic Airport Airport Name:	Region:	Country:
Please list any food you cannot eat due to allergy problem or religious reasons		

## EDUCATIONAL BACKGROUND

### Academic Qualifications

Full Name of Institution and Country	College, Department	Duration (from - to)	Degree Obtained

### Relevant Professional Courses

Full Name of Course, Institution and Country	Duration (from - to)	Certification Obtained

## 2. PUBLICATIONS AND RESEARCHS

List your significant publications (title, publisher and date) and/or research projects

Title	Publisher	Date

**3. ENGLISH LANGUAGE ABILITY**

Please rate your language proficiency from Excellent to Poor

	Excellent	Good	Fair	Poor
Spoken				
Understanding				
Written				

**4. PROFESSIONAL ACTIVITIES**

Describe your current responsibilities and professional activities

Relevant Previous Activities	Dates (from - to)	Responsibilities

**Professional Experience**

- Less than 2 years experience in the cultural heritage conservation or disaster risk management field
- 3 to 4 years experience in the cultural heritage conservation or disaster risk management field
- 5-15 years experience in the cultural heritage conservation or disaster risk management field
- More than 15 years experience in the cultural heritage conservation or disaster risk management field

**5. 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.

**6. The Cultural Heritage Site for which a Disaster Risk Management Plan will be formulated:**

<b>Name of the site:</b>
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Is this a World Heritage Site?

- Yes  No

If not, what is the status of the site?

- Tentative List of World Heritage  Nationally Protected Site  Locally Protected Site  
 Unprotected Site

What is the type of cultural heritage selected by you?

- Single Monument  Group of Buildings or Ensemble  Historic City or Urban Area  
 Archaeological Site  Cultural Landscape  Museum  
 Any other (please specify \_\_\_\_\_)

Location of the site

Latitude / Longitude ( \_\_\_\_\_ )

\* This information is available out through Google map by pointing the cursor on the designated location.

Right click the location, and go to "Detail of the location" first. Once you see a green arrow appears, point the arrow by cursor to find out the information.

Photo of the site

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**7. Reason for Selecting the above Cultural Heritage Site:**

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**Short paper**



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### QUESTIONNAIRE

As part of commitment to provide high quality training course, we would appreciate your honest and constructive reactions to this training course. All comments will, of course, be treated in the strictest confidence.

#### Q1. Where did you know this training course?

<input type="checkbox"/> A	From R-DMUCH or Ristumeikan University website
<input type="checkbox"/> B	From other website such as UNESCO WHC, ICCROM or Asian Academy
<input type="checkbox"/> C	From my colleagues or friends
<input type="checkbox"/> D	Other→ Please describe briefly.

#### Q2. What expectation do you have during this training course?

<input type="checkbox"/> A	I want to know techniques and policies of Disaster Risk Management for Cultural Heritage in case of Japan.
<input type="checkbox"/> B	I want to share the knowledge and experience with the other participants and resource person, and to make international network.
<input type="checkbox"/> C	Other→ Please describe briefly.

#### Q3. What plan do you have after this training course?

<input type="checkbox"/> A	I will share the knowledge and experience with my colleagues.
<input type="checkbox"/> B	I will organize a training based on the experience and knowledge from the training in Japan.
<input type="checkbox"/> C	I will propose the Cultural Heritage Risk Management plan.
<input type="checkbox"/> D	Other→ Please describe briefly.



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### 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:

Please E-mail the scanned copy of this page in PDF or jpg file.

Name of the person endorsing the application document	Title or Position	Institution or Organization
Address		
Phone No. (+ Country Code)	Fax No.	Email Address
endorses the application of the applicant: Name of the applicant		
Will the applicant's present position still be available to him/her after the course is over? ( ) yes ( ) no		
Signature of the person endorsing the application		
Date	Stamp of Institution	

### APPLICANT'S STATEMENT

I declare that the information given in this application is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed training program.	
Applicant's Signature	Date