

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

Affiliation:					
Official Presentation:					
() National authority () Prof	essional institution of national relevan	nce () Univers	ity		
() Private firm/Individual Profess	ional () NPO/NGO () Others	()		
Present Position					
Web Site: (If available)					
Office Address		Postal Code:	Country:		
Office Phone No. (+ Country Code)	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:

Name of the site:

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 (

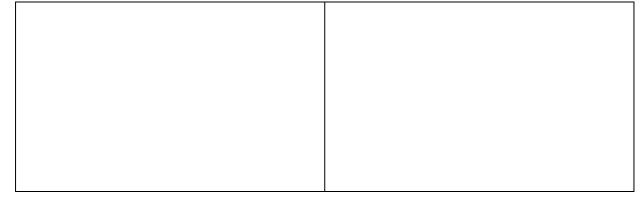
)

)

* 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



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?

□A	From R-DMUCH or Ristumeikan University website
□B	From other website such as UNESCO WHC, ICCROM or Asian Academy
□C	From my colleagues or friends
	Other \rightarrow Please describe briefly.
$\Box D$	

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

	I want to know techniques and policies of Disaster Risk Management for Cultural Heritage in case of
□A	Japan.
□B	I want to share the knowledge and experience with the other participants and resource person, and to make international network.
□C	Other \rightarrow Please describe briefly.

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

□A	I will share the knowledge and experience with my colleagues.
□B	I will organize a training based on the experience and knowledge from the training in Japan.
□C	I will propose the Cultural Heritage Risk Management plan.
	Other \rightarrow Please describe briefly.
$\Box D$	



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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 s	still be available to h	nim/her after the co	urse is over?		
() yes () no					
Signature of the person endorsing the	e application				
Date		Stamp of Institution	on		

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