ENDORSEMENT FORM

**The undersigned**

|  |  |
| --- | --- |
| *Name of the director*  *(supervisor, employer)* |  |
| *Institution* |  |
| *Address* |  |
| *Telephone number* |  |
| *E-mail address* |  |
| **endorses the following staff member** | |
| *Name of the applicant* |  |
| **as a candidate for the**  **International Workshop on Impact Assessment in a World Heritage Context (IAWH24)** | |
| **and gives them permission to attend the course as an official capacity building activity. The candidate’s present position will still be available to them after the course is over.** | |
| *Signature* |  |
| *Date* |  |
|  |  |
| *Stamp of the institution*  *(if available)* |  |