[Form 1]

Group Training Course for Young Professionals
on Cultural Heritage Protection in the Asia-Pacific Region 2020

...plication Form (2020)

> Type words in the gray input box and press "Tab" key to move

First Name	
Middle Name	
Family Name	
Gender	☐ Male √ Female
Date of Birth (YY/MM/DD)	/ / Age
Nationality	

> Please fill in your full name **as shown in your passport.**

> Please check the box.

Official Presentation	☐ National authority ☐ Local authority ☐ International organisation ☐ Professional institution of national relevance ☐ NPO/NGOs ☐ Private firm/ Individual professional ☐ Others ( )
Organisation /Institution	
Website (If available)	
Department	
Division/ Division	
Present Position /Title	
Postal Address (Office)	Post Code:
Office Phone	
Office Fax	
Postal Address (Home)	Post Code:
Home Phone/Fax	
Mobile Phone	
Preferred contact postal address	☐ Office ☐ Home
Email Address	Preferred: _____ Alternatives: _____
Nearest International Airport	

> Please give the **official** name of organization you belong to.

> We will send official documents to the address you choose.

> We will send the result of selection and other important announcement by email.

> We will arrange your travel to Japan from the airport given here.

[Form 1]

Professional Experience (in the field of cultural heritage)	☐ Less than 4 years' experience in the cultural heritage protection field. (years) ☐ 5-7 years' experience in the cultural heritage protection field. ☐ More than 8 years' experience in the cultural heritage protection field. (years)		
Educational Background	Name of School/ University	Duration (from-to)	Degree (major)
Employment History	Organisation	Duration (from-to)	Job Specification
Relevant Work (multiple answers)	☐ Excavation survey ☐ Documentation (measured drawing) ☐ Documentation (photography) ☐ Management of archaeological features ☐ Management of archae_____ ☐ Conservation science **Please check practices relevant to your daily work.**		
Outline of Current Job Responsibilities	➤ ➤ ➤ ➤ **For details of your work, please write in the short paper.**		
Participation Experience of Overseas Training Course	Full Name of Course/ Venue (country) / Host institution		Date
	☐ ICCROM (/ /) ☐ UNESCO (/ /) ☐ WHITRAP (/ /) ☐ JICA (/ /) ☐ Other (/ /) **Please list all the professional <u>OVERSEAS</u> training course offered by <u>official</u> institutes or organisations.**		
English Proficiency (Sufficient English proficiency is required for participation)	Listening	Speaking	Writing	Reading
	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Certificate (If any) *TOEFL, IELTS etc.	TOEFL/ IELTS: ( ) Other:		

[Form 1]

Food restrictions	☐ No ☐ Yes→Please specify:	
Allergy	☐ No ☐ Yes→(Food:) (Drug:)	
Smoking habits	☐ No ☐ Yes	
(only for women) Pregnancy	☐ No ☐ Yes (months)	
Medicine you currently take for treatment	☐ No ☐ Yes → (Name of medicine:)	
How did you know this course?	☐ACCU website/ facebook ☐ICCROM website ☐Organisation (supervisor, head) ☐National Commission for UNESCO (NATCOM) ☐Previous ACCU participants ☐Friends/Colleagues ☐Other ( )	
Passport Number	No.	Date of issue:
	Name in passport:	Date of expiration:

We will not use the personal information for any purpose other than travel arrangement for our training course.

I hereby certify that above statements are true and correct to the best of my knowledge and belief. I also declare that my health allows me to undertake the whole training programme. If I were accepted, I agree:

- not to bring any family members to Japan during the programme;
- to return home at the end of the programme on the designated flight arranged by ACCU Nara;
- that ACCU Nara will publish your reports as long as they are used for the programme purposes;
- to accept all the terms and conditions presented by the organisers.

Date: Signature:

NAME IN PRINT: