**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  ( ) Natural Heritage Field | Gender  ( ) Male  ( ) Female |
| In which heritage site/protected area are you working on? | | |
| What are the main problems in this site? | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Affiliation:** | | | |
| **Official Presentation:**  ( ) National authority　 ( ) Professional institution of national relevance　 ( ) University  ( ) Private firm/Individual Professional ( ) NPO/NGO ( ) Others ( ) | | | |
| **Present Position** | | | |
| **Web Site:** (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: | | | |

**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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **PUBLICATIONS AND RESEARCHS**

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

|  |  |  |
| --- | --- | --- |
| Title | Publisher | Date |
|  |  |  |
|  |  |  |
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1. **ENGLISH LANGUAGE ABILITY**

Please rate your language proficiency from Excellent to Poor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| Spoken |  |  |  |  |
| Understanding |  |  |  |  |
| Written |  |  |  |  |

First language:

Other languages:

1. **PROFESSIONAL ACTIVITIES**

Describe your current responsibilities and professional activities

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Relevant Previous Activities | Dates (from - to) | Responsibilities |
|  |  |  |
|  |  |  |
|  |  |  |

Professional Experience

( ) 5-10 years experience in the heritage conservation field

( ) More than 10 years experience in the heritage conservation field

1. **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.

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1. **The Heritage Site/Protected Area that you will present**

(Please clarify if it is protected as natural or cultural heritage or both)

|  |
| --- |
| **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

Please add basic information of the site (area, population, etc.), its designations, model/system of protection/management and your role in its conservation.

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

|  |  |
| --- | --- |
|  |  |

1. **Briefly describe why and how your site is considered sacred**

(Characteristics, religious groups or communities that associate with the site, traditions related to the site, cultural and natural values)

|  |
| --- |
|  |

**Short paper**

**QUESTIONNAIRE**

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

**Where did you know this capacity building workshop?**

|  |  |
| --- | --- |
| □A | From the University website |
| □B | From other website such as UNESCO WHC, ICCROM or ICOMOS |
| □C | From my colleagues or friends |
| □D | Other→ Please describe briefly. |

**What expectation do you have during this capacity building workshop?**

|  |  |
| --- | --- |
| □A | I want to know techniques and policies of Heritage Conservation in Japan. |
| □B | I want to share the knowledge and experience with the other participants and resource person, and to make international network. |
| □C | Other→ Please describe briefly. |

**What plan do you have after this capacity building workshop?**

|  |  |
| --- | --- |
| □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 projects for Nature-Culture Linkages in my site. |
| □D | Other→ Please describe briefly. |

**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 workshop 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 workshop program. | |
| Applicant’s Signature | Date |