

UNESCO Chair Program on Cultural Heritage and Risk Management

International Training Course on Disaster Risk Management of Cultural Heritage 2009

**APPLICATION FORM 1**

**1. CANDIDATE**

First Name

Family Name

.....

Date of Birth

Place of Birth

Age

.....

Nationality

Sex

.....

Name and Address of Institution / Business

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Web Site Address of Institution / Business (It have)

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Current Professional Position

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Office Phone No. (+ Country Code)

Office Fax No.

Email Address

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Home Address

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Home Phone No. (+ Country Code)

Home Fax No.

Portable (Cell) Phone No.

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Please list any food you cannot eat due to allergy problem or for religion reasons

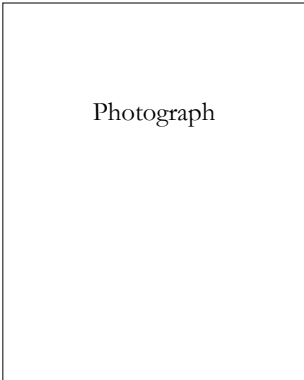
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## 2. EDUCATIONAL BACKGROUND

### Academic Qualifications

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

### Relevant Professional Courses

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

## 3. PUBLICATIONS AND RESEARCHS

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

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## 4. ENGLISH LANGUAGE ABILITY (Please rate your language proficiency from Excellent to Poor)

	Excellent	Good	Fair	Poor
Spoken				
Understanding				
Written				

## 5. PROFESSIONAL ACTIVITIES (Describe your current responsibilities and professional activities)

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Relevant Previous Activities	Dates (from - to)	Responsibilities

**6. PERSONAL STATEMENT**

Explain why you are applying for this course, what you hope to learn form it, and how it will benefit your professional development and your institution.

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**7. BRIEF BIOGRAPHY OF THE APPLICANT** (up to 150 words)

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**8. OFFICAL ENDORSEMENT**

Name	Title or Position	Institution or Organization
.....	.....	.....

Address  
.....

Phone No. (+ Country Code)	Fax No.	Email Address
.....	.....	.....

Will the candidate's present position still be available to him/her after the course is completed? Yes..... No.....

Signature of the person endorsing the application	Date	Stamp of Institution
.....	.....	.....

**9. CANDIDATE'S STATEMENT**

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed training program.

Candidate's Signature	Date
.....	.....

