

[Form 1]

Application Form (2014)

This information sheet has to be accompanied by ①Recommendation Form [Annex 1] by the head of the organization to which an applicant belongs ②Recommendation letter by NATCOM (or the member of Japan Consortium), and ③Achievement report on cultural heritage protection written by the applicant

(Information should be typed or printed)

Name in Full (in the passport)	FAMILY NAME / FIRST NAME / MIDDLE (if any) (SURNAME)			Please paste a recent photo. Write your name and nationality on the back of the photo. (Approx.40mm×40mm)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth	/	/	Age	
	<small>Day</small>	<small>Month</small>	<small>Year</small>	
Nationality:				
Name of your country				
Name of Organisation / Institution				
Department / Division				
Current Position / Title				
Office Address [Contact Address]				
Office Phone	(+)			
Office Fax	(+)			
Office e-mail				
Home Address				
Home Phone / Fax	(+)			
Home e-mail				
Nearest International Airport				
Reasons/Motivation for applying				

Educational Background (Please indicate the names of schools, periods of study, and a degree earned)	Name of School / University	Year Attended	Degree (Major)																				
Employment history	Name of Organisation	Period	Job Specifications																				
Outline of current job responsibilities																							
Qualifications/License (if any)																							
Training Course you have participated in previous years [Name and Year]																							
English Proficiency	(Sufficient English Language proficiency is required for application) <table border="0"> <tr> <td>Listening / Speaking</td> <td><input type="checkbox"/>Excellent</td> <td><input type="checkbox"/>Good</td> <td><input type="checkbox"/>Fair</td> <td><input type="checkbox"/>Poor</td> </tr> <tr> <td>Reading</td> <td><input type="checkbox"/>Excellent</td> <td><input type="checkbox"/>Good</td> <td><input type="checkbox"/>Fair</td> <td><input type="checkbox"/>Poor</td> </tr> <tr> <td>Writing</td> <td><input type="checkbox"/>Excellent</td> <td><input type="checkbox"/>Good</td> <td><input type="checkbox"/>Fair</td> <td><input type="checkbox"/>Poor</td> </tr> <tr> <td></td> <td>(Native level)</td> <td></td> <td></td> <td>(Limited understanding)</td> </tr> </table>			Listening / Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		(Native level)			(Limited understanding)
Listening / Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor																			
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor																			
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor																			
	(Native level)			(Limited understanding)																			
Certificate (if any) *TOEFL, IELTS etc.	TOEFL/IELTS Other																						
Meal restrictions (for religious reasons)	<input type="checkbox"/> No <input type="checkbox"/> Yes → Please specify:																						
Smoking habits?	<input type="checkbox"/> No <input type="checkbox"/> Yes																						
Are you allergic to any medication or food?	<input type="checkbox"/> No <input type="checkbox"/> Yes → (Food:) (Medication:)																						
Only for women: Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes (months)																						
Do you currently use drugs for medical treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes → (Name of drugs:)																						
Passport Number	No.	Date of Issue:																					
	Name in Passport	Date of Expiration:																					

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 member of my family to Japan during the programme;
- To return home at the end of the programme on the designated flight arranged by ACCU Nara;
- To waive my copyright of the country report and the final report produced by myself for publication as long as they are used for the programme purposes;
- To accept all the terms and conditions presented by the organisers.

Date: / / 2014
 day / month

Signature: _____

NAME IN PRINT _____