



HERITAGE  
WITHOUT BORDERS



# Application Form

## Textile Conservation Training

Gjirokastra, Albania, 7-16 April 2014

**(Deadline: 18 March 2014)**

Please complete this form in full, by computer or by hand, and print clearly in black ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to. Return the copy by post or e-mail to:

***Cultural Heritage without Borders (CHWB)***

**Rr. Ismail Qemali, P. 34/1 Kt. III, Zr. 15**

**Tirana, Albania**

**Telephone: + 355 69 39 36 504**

**E-mail: nedipetri@gmail.com**

Application number

Official use only

**Attach a personal photo  
to this application  
(If submitting by email,  
please send your photo  
as a separate attachment)**

### 1. Candidate

Family name (surname)		First name (s)	
Nationality		Gender Male          Female	Marital status
Date of birth D/M/Y	Country and place of birth		
Current address			
City	Postal code	Country	
Contact telephone	E-mail address		
Institution name and address			



## 2. Educational Background

Academic qualifications (where did you obtain your studies?)		
Full name of the institution and the country	Duration (from-to)	Degree obtained

## 3. Language Ability

The language of instruction for this summer school will be ENGLISH. Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good).			
	Spoken	Understanding	Written
First language:	5	5	5
English			
Other languages:			

## 4. Short Questions

Please explain what importance historic textiles have to you?

  
  
  
  
  
  
  
  
  
  

Also, explain how your organisation could better engage with the public through the textiles you work with?(If additional space is required, attach a separate sheet, indicating the section number.)

  
  
  
  
  
  
  
  
  
  

How did you find out about this training?



### 5. Funding for the Training Participation

HWB will cover the costs of the participation in the school during the week that it takes place (accommodation/food, excursions, and costs connected to the participation in the school). Unfortunately, HWB is **not** able to cover travel costs for participants to/from Gjirokastra.

### 6. Official Endorsement

Your application will not be considered unless this section is correctly filled in, by the person endorsing the application. For people working in a museum, institution or heritage organisation, please have it filled by your employer. The undersigned:

Name		Title or Position
Institution or Organization		
Address	Telephone	
	E-mail	
Endorses the application of the candidate:		
Candidate's name		
Signature of person endorsing application	Date	Stamp of Institution

### 7. 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 and my work commitments allow me to undertake the proposed training program:

Candidate's signature	Date
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