**APPLICATION FORM**

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| * *Please complete this form in English, and submit your registration form*   ***NO LATER THAN 30 October 2022*** *(original due date has been extended)*  *to email:* ***sulu.ichcap@gmail.com***   * *All personal information must be identical to your passport.* * *If you have any questions, contact the Secretariat via* * *Email: sulu.ichcap@gmail.com / sulu@unesco-ichcap.org*   *Zhansulu Issayeva (Ms.)*   * *Tel: +82-63-230-9712* |

**GENERAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | First | Middle (if any) | | Last |
| *\* Please write your name exactly as it appears on your passport.* | | | |
| **Nationality** |  | | | |
| **Affiliation** | Organisation | | Position/Title | |
| Department | | | |
| Brief information about an affiliated organisation (institution) | | | |
| Area(s) of Expertise | | | |
| **Contact Information** | Address | | | |
| Tel: | | Mobile: | |
| Fax: | | E-mail: | |
| **Biography** | *Please provide a brief biography that highlights your achievements, education, careers, and/or publications* ***(no more than 300 words)*** | | | |

**PERMISSION ON PAPER PUBLICATION AND LIVE STREAMING**

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| We aim to share and disseminate ideas and thoughts which are submitted through your article as much as we can. The paper and all materials including photos will be open to the public and released on the organiser’ website. It will be very appreciated if you grant us permission for paper publication and gratuitous, and permanent use of photos and other materials. Please read below carefully and sign where indicated below if you agree to the followings.  *“I, as sole author/ as a duly appointed agent of the joint authors hereby, grant you the organiser permission to publish my paper and to open all materials through online media. I understand my article may be edited, copied, exhibited, published, or distributed by the organiser. By signing this form, I acknowledge that I have completely read and fully understand and agree to be bound thereby.”*  Name Signature Date |

**PERMISSION ON COLLECTING AND USING PERSONAL INFORMATION**

**collecting and using personal information**

We intend to collect and use the personal information above in connection with the event as follows. Please read the content carefully and decide whether you agree or not.

□ Details of personal information collection and utilisation

|  |  |  |
| --- | --- | --- |
| Category | Collection Purpose | Retention Period |
| Name, Date of Birth, Nationality, Affiliation, Telephone Number, Email address | To support ICHCAP’s project on traditional craft and craft-related activities (publish promotional materials and organise workshops for knowledge exchange purposes) | 2 years |

※ You have the right to reject the consent for the collection and use of personal information above. However, if you refuse to agree, you may be restricted from participating in Network activities.

Do you agree to collect and use personal information as above? (Yes or No)

*Year/Month/Day* Name  (Signature)

**PROPOSAL FORM**

|  |  |
| --- | --- |
| **Title** | “**Good Practices in Policies and Activities on Safeguarding and Promoting Traditional Crafts for Sustainable Development in Communities**”  \**You may add a more specific sub-title (if any)* |
| **Table of Content** | \* *Although* y*ou may edit the outline of your final paper later, please try to demonstrate the table of content in as many details as possible* |
| **Work Plan** |  |
| **Source of information (reference materials)** | *\* Please list sources to be used to develop this paper* |

*\*Please extend the table to as many pages as you need to fit your proposal*