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| **Title:** | **Vitalization of Local Communities through Community-Driven Cultural Tourism Initiatives** |
| **Date:** | **30 July ~ 2 August 2024** |
| **Location:** | **Jeju, Republic of Korea** |

\*Application form and attachments should be scanned and submitted by email, to UNITAR CIFAL Jeju/JITC at **cifaljeju.culture@gmail.com** by **23 June 2024** with "**Cultural Tourism WS Application\_country\_name**" in the email subject line.

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| **Applicant Information**  *(Please type all the information as written in your passport.)* | |
| Title  *(tick one)* | Mr  Ms  Mrs  Dr   Others (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Surname |  |
| Middle Name |  |
| First Name |  |
| Position (in your Country) |  |
| Organization (Affiliation in Your country) |  |
| Gender |  |
| Date of birth *(****yyyy/mm/dd****)* |  |
| Nationality |  |

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| **Postal Address** *(office) \*Important documents of the workshop will be delivered* | |
| Detailed address |  |
| Street |  |
| City |  |
| Postal Code |  |
| Country |  |

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| **Contact Information** *(country code + regional code + phone/fax no.)* | |
| E-mail |  |
| Office Phone |  |
| Mobile Phone |  |
| Whatsapp No. |  |
| Fax |  |

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| **Organizational Affiliation**  *(Choose one & please specify the name of your organization in the space provided.)* | |
| Academia |  |
| Academia  Government – National  Government – Local  Government – State  International Organization (Non-UN)  NGO  Other  Private Sector  Regional Organization  UN/UN system  UN/UN system (locally recruited) | |
| Name of organisation |  |

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| **Reference**  *(Please provide details of your supervisor/the head of your organization/government)* | |
| Name of Supervisor |  |
| Position |  |
| Contact Details |  |

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| **How did you learn about the event?**  *(Choose all that apply.)* |
| By mailed or faxed announcement  By email  By social network (Facebook, Twitter, etc.)  By word of mouth  By local press  Other |

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| **The entire workshop will take place in English. Please indicate your ability to work and communicate in English** *(choose one)* | |
| Native speaker  Excellent  Need support | |
| Official English test score, if any: |  |

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| **Past Participation** | |
| Have you participated in a previous CIFAL Event? | Yes 🡪  Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |

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| **Questionnaire ※ Please describe as much detail as possible below in your own words (maximum 300 words per question).**  **※ All the answers will be thoroughly read during the selection process.** |
| 1. Please give a summary of your area and scope (including duty) of work and how it relates to the workshop theme. If possible, please describe projects or programs of work you are engaging in. |
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| 2. Please describe your motivation to attend the workshop and how the workshop matches your professional development needs. |
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| 3. Please state the three key challenges for your government/agency/institution in implementing strategies and policies to promote community-driven cultural tourism |
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| 4. Please describe the expected impact of your participation in the workshop on your personal and professional development, including your ability to work on a national, regional or local level. |
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| 5. Please indicate how you will disseminate the outcome of the workshop and the new knowledge, skills and network you have acquired. |
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**In addition to ① this Application Form,**

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| **※ Please attach:** | 1. **Letter of nomination – format of your organization with the official seal** 2. **Curriculum vitae (CV) – your own format** 3. **Letter of commitment (Annex 1 of this document)** 4. **Acknowledgement, waiver, and release of liability   (Annex 2 of this document)** 5. **Consent to collection, usage, and disclosure of personal  information (Annex 3 of this document)** 6. **Preliminary Assignment – Diagnosis of the current state of  Community-Driven Cultural Tourism in participants’ respective countries and cities  (Annex 4 of this document)**   **\* APPLICATIONS WITHOUT ABOVE ATTACHMENTS WILL NOT BE ACCEPTED.** | | |
| ※ For general information, please contact: | | **Ms. Seol hee JEON, Program Officer**  **UNITAR CIFAL Jeju/JITC**  227-24, Jungmungwangwang-ro,  Seogwipo-si, Jeju-do,  Republic of Korea  Phone: +82-64-735-6575  Fax: +82-64-738-4626  **Email:** cifaljeju.culture@gmail.com |
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**Annex 1. Letter of COMMITMENT**

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| All parts of the above application form are true and verifiable. If I am selected to participate in the UNITAR CIFAL Jeju/JITC workshop, I will attend all its training activities, actively pursue my project objectives, and complete any assignments related to the training program. I am aware that I must submit a summary of my Pre-workshop Assignment, and once selected, submit the PPT slides within the specified dates. |

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Annex 2. ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY**

I FULLY ACKNOWLEGE THE ACTIVITY MAY INVOLVE RISKS AND HEREBY ASSUME ALL OF THE RISKS AND RESPONSIBILITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people involved, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Acknowledgement, Waiver, and Release of Liability form will be used by the event holders, sponsors, and organizers of the activity in which I may participate and that it will govern my actions and responsibilities at said activity.

I hereby consent to receive medical treatment by own expense which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I have been duly informed by the host organizations to procure personal travel insurance due to their inability to provide such coverage.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, and organizers.

The Acknowledgement, Waiver, and Release of Liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I AGREE to the Acknowledgement, Waiver, and Release of Liability Statement.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant name (Please PRINT) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant signature |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

**Annex 3. CONSENT TO COLLECTION, USAGE, AND DISCLOSURE OF PERSONAL INFORMATION**

CIFAL Jeju/JITC is required to collect the personal information of the persons and entities involved in the event. According to the Personal Information Protection Law, CIFAL Jeju/JITC needs your consent to collect, use, and disclose the following information. Please read below to confirm the articles and sign the form.

1. Purposes of collection, usage, and disclosure of personal information

* To protect the right to learn by verifying the authenticity of the provided documents from you
* To establish and maintain contact with you
* To send you newsletters and other information mailings
* To remind you of upcoming appointments and events
* To communicate with other persons and entities involved including, by way of example and not limitation, the event holders, sponsors, and organizers of the activity in which you may participate, and that will govern my actions and responsibilities at said activity
* To comply with all regulatory and statutory requirements in the case of legal events

1. Categories of personal information

* Name, date of birth, professional and academic background, and other personal information stated in the required documents.

1. Information keeping period

* Within five years upon an event ends.

All the information collected from you will be handled responsibly. By signing this Consent to Collection, Usage, and Disclosure of Personal Information Form, you have agreed that you have given your consent to the personal information outlined above.

I CERTIFY THAT I HAVE READ THIS DOCUMENT THAT EXPLAINS HOW YOUR ORGANIZATION WILL USE AND PROTECT MY PERSONAL INFORMATION.

I AGREE to the Consent to Collection, Usage, and Disclosure of Personal Information Statement.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant name (Please PRINT) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant signature |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

**Annex 4. Preliminary Assignment – Diagnosis of the current state of Community-Driven Cultural Tourism in participants’ respective countries and cities (within 2 pages)**

* **Name:**
* **Organization:**
* **City/Country:**

Please fill in the below tables (Selected Participants will be requested to develop this into ppt-format presentations to share with other participants on-site):

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| **Diagnosis of the current state of public mobility in participants’ respective countries and cities** | |
| Factors | Details |
| 1. Problems and Challenges | -Identify key challenges and issues related to vitalizing local communities through cultural tourism initiatives in your region or community. |
| 2. Background | - Provide a brief historical context of **tourism** using any significant events, traditions that have shaped the community identity and **community vitalization efforts** in your region or community.  -Mention major milestones, policies, or initiatives that have shaped the current landscape of cultural tourism. |
| 3. Stakeholders | -List and describe the main stakeholders involved in developing and implementing community-driven cultural tourism initiatives in your region.  -Identify government agencies, private sector entities, community organizations, or other groups influencing cultural tourism and community vitalization efforts. |
| 4. Current Status of Problems and Challenges | - Describe the current state of your community, including its strengths and areas for improvement.  - Highlight any existing efforts or initiatives aimed at community development or promoting local culture. |
| 5. Cause Analysis | -Specify direct and indirect causes you analyzed for the current status of cultural tourism and its impact on local community development (e,g, economic conditions, resources, changes in society, etc) |
| 6. Feasible1 Solution to the causes | -Suggest your own ideas or strategies that could help address the challenges and improve your local community by leveraging local culture, traditions or resources for tourism |

**Note:**

* **Only selected participants** after submission of the Preliminary Assignment above will be asked to develop this assignment into the Pre-workshop Assignment in PowerPoint(PPT) format. (PPT template will be given to the participants).
* **All selected participants may present a 5-minute Pre-workshop Assignment made in PPT format** during the workshop, which should cover the abovementioned six elements.