**Guidelines**

**for Application of Accreditation of Training Program**

1. Please complete the form with as much detail about your proposed project or activity as possible. Be very clear how it is related to the [goals and activities](https://theblueshield.org/what-we-do/blue-shield-international/) of the Blue Shield, and why the project/activity will be of interest or benefit to the Blue Shield.
2. If you wish to attach additional information, please feel free. However, you must reference any additional documents in the form to indicate how and why they are relevant.
3. Once complete, submit the completed Checklist (and any referenced attachments) to the Accreditation Committee of Training Programs (ACT) at BSI for review at least 6 months prior to the Program beginning (via blueshield.international@theblueshield.org).
4. The secretariat will confirm receipt of the documents.
5. Your application, together with any additional information, will then be passed to the ACT for review.
6. The checklist will be evaluated on the points of principles below,
   1. Impact of Program on the expansion of philosophy and knowledge of heritage protection under any kinds of wars, conflicts, disasters, and other emergent contexts.
   2. Feasibility of program management with consideration of readiness of financial resources, the composition of teaching staff, leadership, etc.
   3. Visibility of BSI in the region where the program takes place.
7. The ACT may ask for more information in person during the meeting, or via a follow-up email. If the information provided does not answer all of the ACT's questions, they may defer a decision to a later meeting while further information is provided.
8. If your request is approved, you will be appointed a liaison from the ACT to assist coordination with the Blue Shield.
9. Once the program is accredited, a report should be submitted to the ACT in 3 months after completion of the training program for evaluation. The result of evaluation will be used as a reference for the re-accreditation of the program and institutions-in charge in future.
10. Evaluation of the accredited program may be done by observers delegated by BSI.
11. BSI is available for consultation and assistance in the preparation of and Training Program.

**Accreditation of Training Program Checklist**

**VER. 3.3**

**Aug 12th, 2021**

**Institution Information**

1. **Institution**

* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Director/Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mission of the institution

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1. **Address**

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1. **History**

* Year of establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Related programs in past (if any)

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1. **Person in charge of program**

* Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mailing add:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Overview**
   1. **Training Program**

• The title of the training program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **The main objective of the training program**

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| Please describe: |

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| Please provide a detailed executive plans for the duration of the program |

* 1. **What are the subjects of your program?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. **What are the composition and structure of your program?**

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* 1. **Why do you think your program is relevant to BSI?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. **Type of the training program**

☐ Permanent ☐ Temporary

☐ Long-term(>1week) ☐ Short-term(< 1week)

☐ Independent ☐ Part of a larger program

• How many classes/sessions in the program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• How many participants per a class/session do you expect?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Does the training program include any fields exclusions? ☐ Yes ☐No

• Does the training program include any simulation exercises? ☐ Yes ☐No

* 1. **Mode of Delivery**

• How will your program be delivered? ☐ on-site ☐ online ☐ mixed

* 1. **Venue**

☐ Public facilities (including museum)

☐ Educational facilities(including University)

☐ Commercial facilities

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| Please describe |

1. **Administration/Management Structure**
   1. **Organiser of the program**

• Is the National Committee of the Blue Shield in your country involved in any capacity? ☐ Yes ☐No

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| If yes, please describe the role of the Blue Shield National committee in your country:  If not, could you explain why: |

• Other than the National committee of BSI, is /are there any co-organiser(s) for the training program? ☐ Yes ☐No

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| If so, please describe the co-organiser. |

* 1. **Secretariat**

• Have you established a secretariat for the training program? ☐ Yes ☐No

• How many staff members (full-time / part-time / voluntary) does the secretariat have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Do you intend to engage a company (often described as a P.C.O.) specialized in organisation of a training program, meeting, and conference? ☐ Yes ☐No

* 1. **Partnerships**

• Have you established any partnership with relevant government authorities / public organisations? ☐ Yes ☐No

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| Please describe |

• Do you have any support on legal matters, for example, a legal firm or lawyer? ☐ Yes ☐No

• Do you have any support on financial/auditing matters, for example, an accounting firm or certified public accountant?

☐ Yes ☐No

• How will you ensure you are fully meeting the ethical standards of BSI with the partner?

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| Please describe |

1. **Training Program Management** 
   1. **Applications for the Training program**

• Is there any required qualification/s to apply for the training program? ☐ Yes ☐No

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| Please describe |

• What are the selection criteria for accepting the participants?

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• How many participants do you plan to enrole?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Does your program ensure the principles of equality and non-discrimination in its policies? ☐ Yes ☐No

* 1. **Registration Fee**

• Are there any registration fees to participants/attendees? ☐ Yes ☐No

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| And if yes, what is the amount in USD? |

• Are there any categories of registration fees? ☐ Yes ☐No

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| Please describe |

• Are you considering any grant or waiver for registration fee for under-represented groups or student?

☐ Yes ☐No

* 1. **Travel Grants**

• Are there any travel grants to potential participants (trainees)? ☐ Yes ☐No

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| If so, please describe numbers of guarantees, total amount and selection criteria |

* 1. **Teaching Materials**

• What kind of teaching material will you prepare / are you preparing?

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| Please describe |

• Do you intend to publish the proceedings of the training program? ☐ Yes ☐No

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| Please describe |

• Do you have any plans for a live-streaming service and/or other on-line platforms? ☐ Yes ☐No

* 1. **Lecturers/Presenters/Trainers**

• What are the qualification criteria of the lecturers/Presenters/Trainers?

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| Experience: |
| Academic: |

• Are there any lectures, presenters, or trainers recommended by the founding four organizations of BSI (ICA, ICOM, ICOMOS, and IFLA)?

☐ Yes ☐No

* 1. **Certificate**

• Do you provide a certificate of the training program to participants after their completion? ☐ Yes ☐No

• Do you set any minimum requirements or evaluation method? ☐ Yes ☐No

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| What are the requirements? |

1. **Facilities/Equipment/Service** 
   1. **Language(s)**

• If the training program is open to international participants, what will be the official language?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Interpretation/Translation**

• Do you provide translated materials including documents, proceedings, prints, website, and others, if there are two or more official

languages for the training program? ☐ Yes ☐No

• Do you provide assistants and/or any equipment for interpretation in training program? ☐ Yes ☐No

• If there are two or more official languages, do you provide simultaneous interpretation? ☐ Yes ☐No

* 1. **Accessibility**

• Does your venue provide facilities for attendees with physical access requirements? ☐ Yes ☐No

• Have you prepared all possible means to support those with other additional requirements? This may include dietary requirements, or other means for communication for the program? ☐ Yes ☐No

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| Please describe: |

1. **Budget/Finance** 
   1. **Budget**

• What does the (tentative) budget for the training program consist of?

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| **Item** | **Amount** | **Percentage** |
| Registration Fee |  |  |
| Own budget |  |  |
| In-house contribution |  |  |
| Sponsorship |  |  |
| Other |  |  |
| Total |  |  |

• Do you have a manual/guide/principle for the management of the budget and financial matters? ☐ Yes ☐No

• Do you have an official auditor/inspector for finance? ☐ Yes ☐No

**5.2. Funding**

• Have you secured any funding for the training program? ☐ Yes ☐No

• (If relevant) have you checked the Patronage Policy of BSI to get sponsorship? ☐ Yes ☐No

1. **Post-evaluation/Follow-up Management**
   1. **Survey**

• Will you conduct a survey after the training program to evaluate it and collect feedback? ☐ Yes ☐No

• How do you intend to use the survey result?

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| Please describe |

**6.2. Database/Archives**

• Do you intend to set up a systematic method by which you create a database/archive of all information including papers, audio/visual data, documentation, etc.? ☐ Yes ☐No

• What (if any) are the other intended uses of the collected data?

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| Please describe |

1. **Any additional comments regarding program and institution**

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**Thank you!**