**CV TEMPLATE**

* Candidate's details: *(Name, surname, date of birth, etc.)*
* Candidate's contact details (tel. and email. N.B. the email address must be the same as that indicated on the PICA platform)
* Academic qualifications: *(undergraduate, postgraduate and specialisation degrees)*
* Training: *(periods spent abroad, internships, etc.)*
* *Possession of the National Scientific Qualification (ASN - Abilitazione Scientifica Nazionale):*

- date obtained

- date of expiry

NB) If the procedure envisages the performance of care activities by the successful candidate – for which, therefore, certain requirements must be met by the candidate – this section must be completed in full.

* **Research activity**
* Organisation, management and coordination of national research centres and/or groups:

*List the positions held, specifying for each the role covered*:

* *Organisation*
* *Management*
* *Coordination*
* Organisation, management and coordination of international research centres and/or groups:

*List the positions held, specifying for each the role covered*:

* *Organisation*
* *Management*
* *Coordination*
* Participation in national research centres and/or groups:

*List those in which you have participated*

* Participation in international research centres and/or groups:

*List those in which you have participated*

* Management of editorial committees of journals:

*List the positions held*

* Participation in the editorial committees of journals:

*List those in which you have participated*

* Ownership of patents
* Receipt of national awards and recognitions:

*List those received*

* Receipt of international awards and recognitions:

*List those received*

* Participation as a speaker at congresses and conferences of national interest:

*List those in which you have participated, specifying whether you were invited to do so*

* Participation as a speaker at congresses and conferences of international interest:

*List those in which you have participated, specifying whether you were invited to do so*

* Scientific production:

*Specify:*

* *Type of contribution*
* *Presence of co-authors*
* *Journal/book/monograph*

*List the publications in chronological order, starting from the most recent.*

* **Institutional activities**

*List the activities, indicating for each one:*

* *The type of activity*
* *The year/s in which said activity was carried out*
* *Where/for which body/organisation it was carried out (description of the body/organisation where appropriate)*
* *Description of the type of commitment*
* **Teaching activities**
* Face-to-face teaching activities

*List the activities, indicating for each one:*

* *Name of the course unit/teaching module*
* *Academic year*
* *no. of hours (per year)*
* *Credits (where provided for by the University in question)*
* *Subject Group*
* *Competition Sector*
* *Language*
* *University*
* *Course on which you taught (first or second-cycle degree programme,* *post lauream, etc.)*

*Specify for each whether it was a course unit or module and the relative responsibility undertaken.*

* Supplementary teaching activities:

*List the activities, specifying whether they relate to:*

* *Undergraduate degree dissertations (indicate the number)*
* *Master's degree dissertations (indicate the number)*
* *PhD/Specialisation theses (indicate the number)*
* *Seminars (year, title, credits where applicable, hours)*
* *Case studies (year, title, credits where applicable, hours)*
* *Workshops (year, title, credits where applicable, hours)*
* *Tutoring (type)*
* **Care activities** (where applicable)

*List the activities, indicating for each one:*

* *Public Hospital in which the activity was carried out*
* *The year/s in which said activity was carried out*
* *Level of responsibility of the position*
* *Type of activity*

SELF-DECLARATION PURSUANT TO ARTICLES 46 AND 47 OF PRESIDENTIAL DECREE 445/2000

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , born on \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_), resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_), via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and with address in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_), via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identified by means of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_ , telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

aware of the penalties applicable in the event of making a false declaration to a public official (art. 495 of the Italian Criminal Code)

DECLARE UNDER MY OWN PERSONAL RESPONSIBILITY:

* that the information and declarations contained in this curriculum vitae are true;
* that I am in possession of all the qualifications indicated in this curriculum vitae;
* that all content relating to qualifications, publications and activities performed as indicated in this curriculum vitae are true;
* that the copies of the publications submitted for analytical assessment are true copies of the original.

(Place and date) \_\_\_\_\_\_\_\_\_\_ Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.