**Application form for teaching contract**

The undersigned

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Date of birth |  |
| Tax identification number |  |
| Address |  |
| Residence |  |

aware that anyone making false declarations shall be punished under the criminal code and the related special laws, pursuant to and in accordance with Articles 46 and 47 of Presidential Decree no. 445/2000, having read the call for applications ............................................................................................................................(*specify*)

DECLARES

that they meet the requirements set out in the above-mentioned call for applications and also declare the TRUTH and ACCURACY of the information included in the application form, which also contains curricular information.

1. Qualification for admission

|  |  |
| --- | --- |
| Title |  |
| Class |  |
| At |  |
| Date |  |
| Mark |  |

1. Additional qualifications

a) additional qualifications

*Please provide the information below for each additional qualification (e.g. PhD, specialist diploma, medical specialisation, master's degree or equivalent qualification obtained abroad)*

|  |  |
| --- | --- |
| Title |  |
| At |  |
| Date |  |
| Mark |  |

|  |  |
| --- | --- |
| Title |  |
| At |  |
| Date |  |
| Mark |  |

|  |  |
| --- | --- |
| Title |  |
| At |  |
| Date |  |
| Mark |  |

b) National scientific qualification

*Give information on any national scientific qualification held*

|  |  |
| --- | --- |
| Competition sector |  |
| Date |  |

c) language certification

*List any language certifications where required by the call for applications*

|  |  |
| --- | --- |
| Organisation |  |
| Level |  |
| Date |  |

d) registration with professional boards

*List any such registration where required by the call for applications*

|  |  |
| --- | --- |
| Board |  |
| At |  |
| from |  |

1. Previous teaching experience

*Give information on each type of teaching activity carried out. In the period, indicate start and end date and if compatible, the number of hours.*

|  |  |
| --- | --- |
| Teaching |  |
| At  Start date |  |
| End date  Credits and hours |  |
|  |  |
| Teaching |  |
| At  Start date |  |
| End date  Credits and hours |  |
|  |  |
| Teaching |  |
| At  Start date |  |
| End date  Credits and hours |  |
|  |  |

1. Other professional experience

*For each professional experience, indicate the role and main activities carried out, the name of the institute/company and the period, checking the instructions given in the call for applications.*

|  |  |
| --- | --- |
| Role and main activities |  |
| At |  |
| Period |  |

|  |  |
| --- | --- |
| Role and main activities |  |
| At |  |
| Period |  |

|  |  |
| --- | --- |
| Role and main activities |  |
| At |  |
| Period |  |

|  |  |
| --- | --- |
| Role and main activities |  |
| At |  |
| Period |  |

|  |  |
| --- | --- |
| Role and main activities |  |
| At |  |
| Period |  |

1. Publications

*If required in the call, list the publications indicated below.*

|  |  |
| --- | --- |
| title |  |
| any co-authors |  |
| classification |  |
| year |  |
| number of pages |  |
| additional information |  |

|  |  |
| --- | --- |
| title |  |
| any co-authors |  |
| classification |  |
| year |  |
| number of pages |  |
| additional information |  |

|  |  |
| --- | --- |
| title |  |
| any co-authors |  |
| classification |  |
| year |  |
| number of pages |  |
| additional information |  |

|  |  |
| --- | --- |
| title |  |
| any co-authors |  |
| classification |  |
| year |  |
| number of pages |  |
| additional information |  |

|  |  |
| --- | --- |
| title |  |
| any co-authors |  |
| classification |  |
| year |  |
| number of pages |  |
| additional information |  |

|  |  |
| --- | --- |
| title |  |
| any co-authors |  |
| classification |  |
| year |  |
| number of pages |  |
| additional information |  |

Additional personal information

|  |  |
| --- | --- |
| Email address |  |
| telephone |  |

I authorise the processing of my personal data pursuant to Legislative Decree no. 196 of 30 June 2003 and the GDPR (EU Regulation 2016/679)

A photocopy of a valid identity document must be attached.

Place and date

Signature of declarant