

Application form

(on unstamped paper)

To the Director of the Department of Philosophy and Cultural Heritage
Ca' Foscari University, Venice
Palazzo Malcanton Marcorà– Segreteria amministrativa 3 piano - Dorsoduro
3484/D 30123 Venezia

I, the undersigned _____ born in _____ (prov. of ____) on _____, passport no. / taxpayer's code no. _____ resident in _____ (province of ____), in _____ (street) no. _____, postcode _____, nationality _____, tel. _____ mobile _____, email _____

hereby submit

my application for the qualification-based public selection process (and interview any other test), for the short research fellowship within the scope of the research programme: " _____", as per procedure announced by call Ref. no. _____ dated _____.

I, the undersigned, fully aware of the liabilities, including criminal liability, arising from untruthful declarations, **pursuant the Italian law (D.P.R. 445/2000)**, hereby declare:

- a) s/he holds the qualification of master degree / PhD / other..... in _____ obtained on _____ at the University of/other Legal Entity _____;
- b) in the event that the candidate does not hold the qualifications specified above, s/he shall be able to demonstrate many years' experience in: at least 3 year of experience in the assessment of degradation processes and potential recyclability of polymeric materials in the marine environment.
- c) s/he is of _____ nationality [*for non-EU citizens already residing in Italy only*, ;that s/he is in possession of a residence permit/research visa for _____ expiry date on _____];
- d) s/he e is physically fit for the position;
- e) to be aware that the awarding of the short term research fellowship is not compatible with the positions referred to in art. 12 of the Regulations for short term research fellowships and the current legislation;
- f) to not have any kinship and affinity, up to and including the fourth degree, with any professor belonging to the Department or to the Centre announcing the call for applications, or with the Rector, the Chief Executive Officer or a member of the University Board of Directors and to be aware of the relevant provisions of Law 240/2010. Article 18, par. 1, lett b);
- g) s/he requests the following benefits established by Law no. 104/92:

.....
.....

and for the above mentioned purpose encloses disability certification;

- h) s/he uses the following address for the purposes of this application:

.....(street) no.....
at.....municipality..... POSTCODE..... PROV.....
tel. land line mobile
email

undertaking to communicate any subsequent variations and recognising that the administration accepts no liability in the event of the addressee being untraceable.

i) the undersigned gives her/his consent for the personal data provided to be processed, in compliance with Legislative Decree no. 197/2003 and subsequent amendments and modifications, for the requirements related to this selection procedure;

The following are enclosed with this application:

- a) a CV detailing professional, academic and research background;
- b) copy of an identity document;
- c) any other element required by the call;
- d) any other documentation deemed relevant for the evaluation.

Date and signature

N.B.

The University does not take any responsibility for cases of unavailability of the recipient or for the dispersal of communications resulting from inaccurate indication of domicile or of contact details by the candidate, failure or late communication of contact details' variation or any other reason not attributable to the University, nor from any error in postal delivery, or in any case from acts attributable to third parties, from unforeseeable circumstances or force majeure.

The declarations made in the application shall be considered made pursuant to the D.P.R. n. 445/2000 and subsequent amendments, by candidates entitled to use the simplified administrative certifications allowed by the aforementioned decree.