Application form STAFF and TEACHING

**PNRR-TNE International Mobility Programme - Health Education and Advanced Learning Through Collaboration, Opportunities, Networking, and Educational Connections in Balkans and Asian Countries**

**(Health Connect)**

**Project Proposal TNE23-00059 – CUP F91B24000320006**

**PERSONAL DATA**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ M ☐ W ☐ Non binary

Birth Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_N° \_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)

Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional e-mail (Please note that all official communications regarding the project will be sent to this address.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you belong to linguistic, religious, or other cultural minorities? (optional)[[1]](#footnote-1)

☐ Yes ☐ No

**MOBILITY**

Type of mobility requested *(select only one option)*:

☐ Training

☐ Teaching

☐ Researching

☐ Teaching and Researching

Application for teaching support or research grant:

☐ Teaching support *(attach the Teaching Agreement)*

☐ Research grant - publications in a scientific journal *depending on budget availability*

**ACADEMIC INFORMATION**

Home University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Department/Office at Home University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANGUAGE SKILLS**

English Level: ☐B1 ☐B2 ☐C1 ☐C2 ☐Mother tongue

Language of the host country Level: ☐B1 ☐B2 ☐C1 ☐C2 ☐Mother tongue

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation to Attach:**

* Curriculum Vitae;
* Staff mobility for teaching, the form titled Mobility Agreement for Teaching;
* Staff mobility for research, the form titled Mobility Agreement for Researching;
* If applying for a research grant, please attach the project intended to result in shared works or publications agreed upon with the host university;
* Staff mobility for training, the form titled Mobility Agreement for Training;
* Copy of a valid ID.

**Processing of personal data**

For the processing of personal data, please refer to the following web page: <https://www.unisalento.it/privacy>.

**Consent of the Data Subject**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after having carefully read the information on the processing of personal data as described in the following web page: <https://www.unisalento.it/privacy>

I explicitly consent to the processing of special categories of personal data under Article 9 of EU Reg. 2016/679 (commonly referred to as "sensitive data") for the following purposes[[2]](#footnote-2):

* management of student participation in international mobility programs;
* organization of activities related to mobility, including contacts with partner universities;
* fulfillment of administrative and legal obligations;
* administrative management of the Health-Connect project.

I do not consent to processing special categories of personal data concerning me (commonly referred to as "sensitive data").

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. See “Consent of the Data Subject” [↑](#footnote-ref-1)
2. Failure to provide consent for data processing will result in the inability to process the application. [↑](#footnote-ref-2)