**ATTACHMENT A**

**Application Form**

Al **Magnifico Rettore**

**dell'Università Commerciale “Luigi Bocconi”**

Via Sarfatti 25

20136 MILANO

I, the undersigned (Surname) …………........................................................ (Name) …………………………..…. born in ..........................................on (DoB) ........................... resident in ………………………….................................................. ........................................................... (postcode.) .................... Road ……………………………………………….……………. ......................................................................................................................................................... house number .....................

tel. ................................................................................... mobile phone ……................................................................................

e-mail...........................................................

**ASK**

to be admitted for selection, by means of titles and exam, competition number\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_ **[Cod. referral:C3 1°L]** for the assignment of **1 research grant for three years**, for research activity and teaching in the Sector of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the Center DONDENA, Project LOSS.

To this end, I declare:

1. to be a citizen of ......……………….......................…;
2. to have my current address in ………………………….. postcode. ……….., road………………………..…., number. …….., Tel. …………………… , I commit to communicate promptly any changes to my address
3. to have a degree in .....................................................from the University.........................., conferred on (date).....................................................with a grade of...................................................................
4. to have a PhD in.....................................................in date................................................conferred on (date)..................................................from University.............................................(if present);
5. to be in the possession of other titles, if applicable;
6. to have previously received / not received a grant from .................................................university from .....................to.............................;
7. Fiscal Code ……………………………………………………………………………………..…………… (if available)
8. to commit to not have any other grants or fellowships;
9. to not cover any other positions, or if so, to give up these positions if assigned a grant.

I, the undersigned, attach to my application:

1. a scientific, professional curriculum vitae;
2. publications in pdf;
3. any other titles in my possession, which may be useful to demonstrate my qualifications:
4. research project presented by the Candidate and selected by the University, title “\_\_\_\_\_\_\_\_\_”

Date …………………. Signature ………………………………………..

N.B.: documents and titles must be presented in pdf format. Completing this form, the candidate declares that any documents produced are exact copies of the original. Any false declarations will be punished by Law.

Date …………………. Signature ………………………………………..

**PRIVACY**

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| **European General Data Protection Regulation**  Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC.  Please read the [Privacy Policy](https://www.unibocconi.eu/privacy) at: <https://www.unibocconi.it\privacy>  Noting that my data will be processed in full compliance with the law, I declare, by submitting the present form, that I have read and understood the privacy policy:  Yes No  By sending this form, I authorize to handle my personal information for the purpose of:  Promotion/advertising\* Accept Do not accept  Sensitive Data \*\* Accept Do not accept  International Data transfer\*\*\* Accept Do not accept  To complete the submission of the form, the expression of your preference is required  .  \* Consent necessary for receiving communications, notices and invitations regarding events, initiatives, services and programs, also in support of the University and also regarding the promotion of educational and research initiatives, including possible profiling activities.  \*\* Consent necessary to allow the University to process data related to special situations and to provide all related services (i.e. health information, political opinion, membership in political students groups, etc. will be processed only for purposes that are permitted by law and for the Institutional aims of the University exclusively).  \*\*\* Consent necessary to perform Institutional activities of teaching and research in international contexts. In the absence of such consent, it would not be possible to benefit of the international opportunities offered by the University.  .  If you need any information or have any queries, feel free to contact our DPO - Data Protection Officer, write to [dpo@unibocconi.it](mailto:dpo@unibocconi.it) |
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Date …………………. Signature ………………………………………..