**FORM A**

WARNING: Filling this form does not ensure your enrolment to the selection.

The form must be entirely filled in, signed, and attached to the documentation that will be presented for participation in this Call

(*Administrative act N\_\_\_\_\_\_\_).*

APPLICANT IDENTIFICATION

**1.1. Applicant identification – In case of NATURAL PERSON**

|  |
| --- |
| INFORMATION REQUIRED |
| TITLE  | Mr/Ms/Dr/other (delete or complete as appropriate) |
| FULL NAME |  |
| DATE (AND PLACE OF BIRTH | (DD/MM/YYYY) |
| RESIDENCE |  |
| CONTACT DETAILS  | Telephone: E-mail: Pec (if any): |
| FISCAL CODE - N. VAT |  |
| ABILITY TO DRAFT AND COMMUNICATE IN ENGLISH |  Document(s) providing evidence to be attached to this document – if any. |

**1.2. Applicant identification – In case of LEGAL ENTITY**

|  |
| --- |
| INFORMATION REQUIRED  |
| NAME OF COMPANY |  |
| COMPANY LEGAL STATUS |  |
| VAT Number |  |
| COMPANY OFFICIAL REGISTERED OFFICE ADDRESS |  |
| OPERATIVE ADDRESS (Street, number,postal code, City) | Only if different from the official registered office address. |
| COMPANY WEB SITE – if any |  |

**1.2.1 Legal Representative Details**

|  |  |
| --- | --- |
| TITLE  | Mr/Ms/Dr/other (delete or complete as appropriate)  |
| FULL NAME  |   |
| DATE (AND PLACE OF BIRTH | (DD/MM/YYYY) |
| FISCAL CODE |  |
| CONTACT DETAILS  | Telephone:E-mail:Pec (if any): |
| NOTES |  |

**1.2.2 Key Person(s) Details (if he/she is the same of 1.2.1 do not specify further)**

|  |  |
| --- | --- |
| TITLE  | Mr/Ms/Dr/other (delete or complete as appropriate)  |
| FULL NAME  |   |
| DATE (AND PLACE OF BIRTH | (DD/MM/YYYY) |
| FISCAL CODE |  |
| ROLE  |  |
| ABILITY TO DRAFT AND COMMUNICATE IN ENGLISH |  Document(s) providing evidence to be attached to this document – if any. |
| CONTACT DETAILS  | Telephone:E-mail:Pec (if any): |
| NOTES |  |

\* Add more charts if you want to list other key persons

**AREAS OF INTEREST**

1. Please indicate the specific area of their interest you intend apply for.

Applicants may apply to as many areas of interest as they wish.

* A. Proposal Management
* B. Project Management
* C. Specialist activities to support project communication, exploitation of results, dissemination, and visibility
1. Please indicate, for each area of interest selected, which activities you include in the service and your economics terms.

|  |  |  |
| --- | --- | --- |
| **AREA OF INTEREST** | **PAYMENT TERMS**(Please select ) | **NOTES**(Please list activities included in the service) |
| A. Proposal Management | [ ]  Basic Fee |  |
| [ ]  Success Fee |
| [ ]  Others [pls. specify] |
| B. Project Management | [ ]  Basic Fee |  |
| [ ]  Success Fee |
| [ ]  Others [pls. specify] |
| C. Specialist activities | [ ]  Basic Fee |  |
| [ ]  Success Fee |
| [ ]  Others [pls. specify] |
|  |

\* Add as many lines as needed

**STATEMENTS**

**Applicant’s Statement**

I, the undersigned, having understood the rules stated in the call declare that, For me/For the Legal Entity that I represent (mark the correct option) do NOT exist any of the following situations which would exclude me/it from participating in the procedure:

(a) being in one of the causes of exclusion pursuant to art. 80, Legislative Decree no. 50/2016, and subsequent amendments, in the parts applicable to it.

(b) having impediments to the exercise of the profession and the stipulation of contracts with the Public Administration.

(c) having produced documentation containing untrue information.

(d) not having not fulfilled the tasks entrusted to them with punctuality and diligence.

(e) having submitted a formal request for registration as self-employed professionals, if the same request has been received from a legal entity of which the professional is a director-partner, employee or coordinated and continuous collaborator. The same prohibition also applies in the event that the registration of a legal entity, of which the individual professional is a director-shareholder, employee or coordinated and continuous collaborator, has already been formalized in the long-list.

(f) existing conflicts of interest between the services for which she/he receives the assignment and her/his other possible professional activities.

I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify University of Camerino and complete a new declaration of interests form that describes the changes.

By signing this form, as applicant, I also:

* Declare the consent to the processing of personal data as set out in Regulation (EU) 2016/679 and the subsequent national transposing laws (jointly, the "GDPR").
* Declare to have carefully read the information related to the privacy data management <https://www.unicam.it/privacy-policy>
* Authorize the publication of personal data (provided both in Form A and B) on the website of the University of Camerino

Place and date …………………… Applicant’s Signature ………………………………

 (Original full and legible signature. In case of Legal Entity please declare your role)