**ALLEGATO N. 1**

**EXPRESSION OF INTEREST**

**PARTICIPATION IN THE**

***PILOT TRAINING COURSE IN DATA MANAGEMENT AND CURATION***

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|  | Al CNR – IMM sede di Bologna  Via Piero Gobetti 101  40129 BOLOGNA  Via PEC [**protocollo.imm@pec.cnr.it**](mailto:protocollo.imm@pec.cnr.it)  For international applicants only:  [stefano.zampolli@cnr.it](mailto:stefano.zampolli@cnr.it) |

I, the undersigned *(name and surname)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* acknowledging that I have received from the Institute for Miceoelectronics and Microsystems Bologna (CNR-IMM-BO) the information required by art. 13 of EU Regulation 2016/679 (General Data Protection Regulation – GDPR) relating to the processing of personal data provided as part of the procedure for the comparative evaluation of expressions of interest in participation in the "*Pilot Training Course in Data Management and Curation*";
* pursuant to articles 46 and 47 of Presidential Decree no. 445 of 28 December 2000 (declaration in lieu of certification and declaration in lieu of affidavit) and aware of the criminal liability that may be incurred in the event of a false declaration, pursuant to art. 76 of the same provision;
* aware that, if, following verification carried out by the Administration, the declaration made by the undersigned were to prove to be false, this would result in the forfeiture of the benefit obtained pursuant to art. 75 of Presidential Decree no. 445 of 28 December 2000;

**Expressed interest**

**To participate in the “*Pilot Training Course in Data Management and Curation*”**

And declare:

* to be born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(where)* on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(dd/mm/yyyy)*;
* to be resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*city and CAP*) to the address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Street and house number);*
* to be a citizen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Indicate citizenship*);
* to be reachable at: tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PEC (personal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
* to hold civil and political rights;
* [if the citizenship is other than Italian] to hold civil and political rights also in the State of origin, or to justify the reasons for the non-holding of such rights as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
* to have not been convicted of a criminal offence and be not the subject of measures relating to the application of preventive measures, civil decisions and administrative measures entered in the criminal record;
* not to be prosecuted by law;
* to hold the degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ obtained on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; in the event that the qualification was obtained in a foreign country, the candidate must also declare and document that he/she has obtained recognition of equivalence from the competent Italian authority;
* [if the degree has not yet been obtained] to be regularly enrolled in the following degree course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
* to be unemployed;
* to know the English language;
* not to have any relationship of marriage, kinship or affinity, up to and including the fourth degree, with the directors of the facilities to which the laboratories belong, (Director of CNR-IMM or Deputy Director CNR-IMM-BO).
* to be in possession of the qualifications and professional skills and experience better specified in the curriculum of studies and/or professional attached to this expression of interest.

I, the undersigned, attach to this expression of interest the following documentation:

1. motivation letter (max 1 page);
2. *curriculum* *studiorum* and/or professional, with date and signature (max 2 pages).

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_