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**APPLICATION FORM**

**To the Director of the Master**

**in Aesthetic Medicine and Therapeutics**

University of Camerino

Via Madonna delle Carceri, 9

62032 CAMERINO (MC), Italy

*To be sent by legal mail, regular e-mail at the address* [**sfp@pec.unicam.it**](mailto:sfp@pec.unicam.it)*or* [direttore.farmaco@unicam.it](mailto:direttore.farmaco@unicam.it)

*Or present directly to the Secretariat of the School of medicinal and Health Products Sciences (Via Madonna delle Carceri, 9, 62032 Camerino, Italy)*

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

in (city, region, country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ region \_\_\_\_\_\_\_\_\_\_ zip code \_\_\_\_\_\_\_\_

country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, tax number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In reference to the call n.10/FP2018

**APPLIES**

For having assigned the course(s) indicated below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of the for the International Master in “AESTHETIC MEDICINE AND THERAPEUTICS”

Class:

 Rome ;

 Athens;

To this end, according to article 46 of the D.P.R. of December 28, 2000, No. 455, and aware that those who make false declarations will lose the benefits obtained and are liable to the penal sanctions for false declarations indicated in articles 75 and 76 of the above-cited D.P.R., she or he

**DECLARES ON HER OR HIS OWN RESPONSIBILITY THAT SHE OR HE IS**

 to be an Italian citizen or citizen of the country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

 of having enough knowledge of the English language for teaching in the Master course ;

 of having enough computer literacy to enable the delivery of an university course in the e-learning mode;

 to be registered / in the election list of the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

 to not have had penal sentences or penal procedures in progress;

 to have or not to have had positions at any structure of the University of Camerino as specified in the curriculum vitae herewith enclosed.

 that what is indicated in the curriculum is true.

Moreover, the undersigned requests that any communication related to this selection is sent to the following address (*just in case the address is different from the above indicated)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and agrees to promptly notify the secretariat of the Master any changes.

He/she is aware that personal data will be collected and used in full respect of the law for purposes pertaining to execution of institutional activities, in particular for the full discharge of activities regarding the academic and administrative relationship with the University.

Enclosed to this application are:

* curriculum vitae completed with date and signed;
* copy of passport or other valid identification document;
* declaration of titles considered relevant for competition;
* annexes A and B filled-in and signed
* any other relevant document.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX A**

**DECLARATION**

**(article 15, paragraph 1 letter c) D. lgs. n. 33/2013)**

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

in (city, region, country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ region \_\_\_\_\_\_\_\_\_\_ zip code \_\_\_\_\_\_\_\_ country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARES**

( Articles 46 and 47 of the D.P.R. 445/2000)

 To or to not (delete as appropriate) hold offices in private legal entities regulated or financed by the public administration or professional activities;

 To or to not (delete as appropriate) hold offices in bodies governed by private law regulated or financed by the public administration and / or professional activities.

In the affirmative please specify:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity / Assignments / Professional Activities | Organization / Company | Starting date | Ending date |
|  |  |  |  |
|  |  |  |  |

The undersigned will promptly communicate any changes to the contents of this declaration and to make a new substitute declaration in the case.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX B**

**DECLARATION SUBSTITUTING PROVISION OF ORIGINAL DOCUMENTATION**

(articles 46 and 47 of the Legislative Decree No. 445 of 28 December 2000)

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

in (city, region, country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ region \_\_\_\_\_\_\_\_\_\_ zip code \_\_\_\_\_\_\_\_ country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

aware of the penal sanctions provided for by art. 76 of the D.P.R. December 28th 2000, No. 445, in case of false acts provision and false declarations indicated therein, pursuant to and for the effects of the aforementioned D.P.R. No. 445/2000 and under his own personal responsibility

**DECLARES**

• to accept and comply with the provisions contained in the UNICAM Code of Ethics and Behavior and in the UNICAM Three-year Corruption Prevention Plan;

• not to have a degree of kinship or affinity up to and including the fourth degree, or conjugal relationship, or relationship of civil union or cohabitation, regulated pursuant to Law 20/05/2016 n. 76, with a professor belonging to the School or to the Structure that gives the task, that is to say with the Rector, the General Manager or a member of the University Board of Directors;

• that, in relation to the assignment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_;

in accordance with current legislation, there are no situations, even potential, of conflict of interest with the University of Camerino;

• not to have other causes of incompatibility to perform consultancy / collaboration services in the interest of the University of Camerino;

• to abstain, during the contract, from taking decisions or carrying out activities in situations of conflict of interest, even potential, with personal interests, of the spouse, cohabitants, relatives, relatives within the fourth degree and being aware of that the conflict may concern interests of any kind, even non-pecuniary.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_