ANNEX “A”

APPLICATION FORM

Dear MEDSEA

Via Nazario Sauro 1 09123 - Cagliari

PEC: medsea@pec.medseafoundation.org

**PUBLIC NOTICE FOR THE ESTABLISHMENT OF TWO SHORT LISTS FOR PROFESSIONAL SERVICES TO BE USED IN THE FRAMEWORK OF THE PROJECTS “WETLAND4CHANGE” (CUP: E93B22000040006) AND “ARTEMIS” (CUP: E53B22000020006) UNDER THE INTERREG EURO-MED PROGRAM 2021 - 2027**

I, the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_prov (\_\_\_\_\_) via\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_n\_\_\_\_\_\_\_\_\_ postal code \_\_\_\_\_\_\_\_\_\_

fiscal code n \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VAT number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In connection with the Public Notice for the establishment of the short list for the appointment of Communication Assistant for the Wetland4Change project and Communication Manager for the ARTEMIS project,

**REQUEST**

to be placed on the short list for:

* Profile A: Communication Assistant for the Wetland4Change project.
* Profile B: Communication Manager for the ARTEMIS project.

**DECLARE**

**under my own responsibility and in accordance with DPR 445/2000**

- To possesses the generic and specific requirements for registration set forth in points 3 and 4 of the Notice.

To this end, enclosed here with:

(a) Professional curriculum vitae clearly indicating and specifying the activities and qualifications that constitute the minimum requirement for participation in the selection;

(b) Attachment B for the processing of personal data;

(c) Copy of a valid identification document (front/back).

The undersigned hereby accepts the provisions of this Notice and undertakes to report, within 10 days of the event, the occurrence of one or more causes of incompatibility with those indicated in the Notice.

Date and place :

Signature