

1. APPLICATION FORM

First name(s)	
Surname(s)	
Date of birth	
City or Town	
Nationality	
Address	
City or Town	
Country	
E-mail	
Telephone / Mobile / Fax	
Language(s) spoken	
Date	Signature



2. CURRICULUM VITAE



coordinator	
WORKSHOPS	
TRAINING	
WORK EXPERIENCE	
COMPUTER SKILLS AND COMPETENCE	
MOTHER TONGUE	
OTHER TONGUE(S)	
Listening Reading Spoken interaction	[Language] [Proficient user, Independent user, Basic user] [Proficient user, Independent user, Basic user] [Proficient user, Independent user, Basic user]
ADDITIONAL INFORMATION	
Date	Signature
PROCESSING OF PERSONAL DATA I hereby give my consent to the process	ing and communication of the data provided above

 $\hfill \square$ I GIVE CONSENT

☐ I DO NOT GIVE CONSENT

Notice pursuant to the Law on Privacy

Pursuant to Law 675 of 31 December 1996 con the protection of individuals and other subjects with regard to the processing of personal data, please be informed that the personal data you have provided will only be used for selecting participants and organising workshop activities. Your details will remain in the exclusive possession of the Faculty of Architecture, University of Cagliari for possible future communications, including promotional information on cultural activities, and will not be disclosed to third parties.

PLEASE SEND THE APPLICATION FORM AND CURRICULUM TO THE ORGANISING SECRETARIAT E-MAIL <u>cittastorica07@unica.it</u>, no later than 12.00 hrs of 19 July, 2007.



3. UNIVERSITY CAREER

	LIST OF	ESAMS	
	Subjects	Date	Mark
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Date			Signature		
PROCESSING OF PERSONAL DATA I hereby give my consent to the processing and communication of the data provided above					
	☐ I GIVE CONSENT	☐ I DO NOT GIVE CONSENT			

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