



Application form for the
INNOVATION FOR NEURODIVERGENCE AWARD

The undersigned (Surname Name)

Tax ID Code (fiscal code) n. ||||| gender

Place of birth - Country _____ Town _____

Date of birth _____ Citizenship _____

Address: street _____, no. _____

Postcode _____ City _____ Province _____

Landline _____ / _____

Mobile phone _____ / _____

E-mail _____

HEREBY REQUESTS

to participate to the Selection for the assignment of the INNOVATION FOR NEURODIVERGENCE AWARD

HEREBY DECLARES (according to the articles 46 and 47 of D.P.R. no. 445/2000)

- to be aware of all the rules contained in the competition announcement.
- to be informed that, according and as results of the GDPR EU Reg. 2016/679, personal data will be only treated, also with ICT tools, within the procedure for which this declaration is produced.
- to submit this application, as Team Leader or Principal Investigator, on behalf of the whole working group.

Attach the following documents:

- copy of a valid personal identity document (Identity Card or Passport);
- the project presentation within the limits of 15 PowerPoint slides in PDF format.
- a text document, in PDF format; of no more than 7,000 characters including spaces. And in addition to the text any relevant data, tables, photos, and/or drawings.

Place _____ Date _____

Applicant's signature