

ANNEX IV.-

APPLICATION TO PARTICIPATE IN THE SELECTION PROCESSS FOR PREDOCTORAL PERSONNEL (20.1.a and 21 of LAW 14/2011 of 1 June) WITHIN THE FRAMEWORK OF THE PREDOCTORAL PROGRAMME OF THE INSTITUTO DE ASTROFÍSICA DE CANARIAS

APPLICATION FORM

SURNAMES:											
FIRST NAME:					NATIONAL IDENTITY DOCUMENT OR PASSPORT						
NATIONALITY	DATE				E OF BIRTH:						
ADDRESS	COUNTRY				PROVINCE						
LOCALITY							POSTAL	CODE			
STREET										Nº	
TELEPHONES:					EMAIL						
ACADEMIC QUALIFICATIONS:											
FROM THE UNIVERSITY OF:											
DATE OF TERMINATION OF STUDIES:					№ OF CREDITS PASSED:						
MASTER'S/UNIVE											

IAC Astrophysics Intern programme

In accordance with Organic Law 15/1999 of 13 December concerning the Protection of Personal Data, any data presented in this call for applications and deriving from the selection process Will be incorporated into files owned by the INSTITUTO DE ASTROFÍSICA DE CANARIAS solely for the purpose of participation in the present selection process.

The candidate selected to join the IAC Will be obligated to observe strict confidentiality of any personal data that he or she may become cognizant of during the performance of his or her duties (Art. 10 of the LOPD)









38200 – La Laguna. Santa Cruz de Tenerife – España Tel: +34 922 605200 / 922 605211 INSTITUTO DE ASTROFÍSICA DE CANARIAS www.iac.es Fax: +34 922 605210 Email: secinv@iac.es



Candidates are informed that they may exercise their rights of Access, rectification, cancellation, or opposition by writing to: INSTITUTO DE ASTROFÍSICA DE CANARIAS C/ Vía Láctea, s/n - 38205 - La Laguna - (S/C de Tenerife), specifying the particular right that they wish to exercise, and accompanying their application by a document of identification and providing an address for subsequent notification.

I HEREBY APPLY FOR a contract under the IAC Astrophysics Intern Programme for

Astrophysical Research Astrophysical Instrumentation Announced by Order of the Director of the Instituto de Astrofísica de Canarias dated 30th of June 2020.

Signature.....

TO THE DIRECTOR OF THE INSTITUTO DE ASTROFÍSICA DE CANARIAS









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DOCUMENTATION ACCOMPANYING THE APPLICATION FORM (MARK WITH AN X)

DOCUMENTS					
	PHOTOCOPY OF NATIONAL IDENTITY DOCUMENT, NIE, or PASSPORT (see 3.4.1.b)				
	PHOTOCOPY OF REQUIRED QUALIFICATIONS OR RECEIPT OF PAYMENT OF FEES FOR THEIR EXPEDITION				
	PHOTOCOPY OF OFFICIAL ACADEMIC CERTIFICATE (see 3.4.1.d)				
	PHOTOCOPY OF MATRICULATION RECEIPT FOR MASTER'S (ACADEMIC YEAR 2019-20)				
	CURRICULUM VITAE				
	PHOTOCOPY OF CERTIFICATE OF ACCREDITING LEVEL B1 OR ITS EQUIVALENT, AS DESCRIBED WITHIN THE REFERENCE COMMON EUROPEAN FRAMEWORK FOR LANGUAGES (MCER).				
	FORMAL DECLARATION THAT THE COURSES REFERRED TO IN THE ACADEMIC CERTIFICATE ARE SUCH AS TO PERMIT ACCESS TO THE DOCTORAL PROGRAMME, OR, IF APPLICABLE, ALREADY PASSED WHEN PRESENTING THE APPLICATION, ACCORDING TO ANNEX V (see 3.4.1.h)				
	FORMAL DECLARATION OF NOT HAVING BEEN PREVIOUSLY EMPLOYED BY THE IAC, OR BY ANY OTHER ORGANISM IN THIS MODALITY OF EMPLOYMENT, ACCORDING TO THE MODEL IN ANNEX VI (see 3.4.1.i)				
	APPLICANTS CLAIMING DISABILITY MUST PROVIDE DOCUMENTARY EVIDENCE OF SUCH A CONDITION AS LAID DOWN IN ARTS. 1 AND 2 OF ROYAL DECREE 1414/2006 OF 1 DECEMBER, WHICH SPECIFIES THE CONSIDERATION OF DISABLED PERSONS UNDER THE PROVISION OF LAW 51/2003 OF 2 DECEMBER REGARDING EQUALITY OF OPPORTUNITY, NON-DISCRIMINATION, AND UNIVERSAL ACCESS FOR DISABLED PERSONS (2.3.2.a)				
	THOSE APPLICANTS WHO ARE GUARDIANS OF CHILDREN UNDER THE AGE OF 6 MUST MAKE A STATEMENT TO THAT EFFECT IN THE APPLICATION FORM AND ATTACH THE NECESSARY DOCUMENTATION (2.3.2.b)				
	OTHER ACCREDITATIVE DOCUMENTATION (specify which):				

NOTE: Add as many lines as there are accreditative documents attached



Gobierno de Canarias Consejería de Economía, Industria, Comercio y Conocimiento





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