



## Application form for the

## **INNOVATION FOR NEURODIVERGENCE AWARD**

	dersigned (Surname Name)		
Tax ID	Code (fiscal code) n.	1111111111	gender
Place o	of birth - Country	Town	
Date of	f birth	Citizenship	
Addres	ss: street	, no	
Postco	de City		Province
Landlin	ne/	_	
Mobile	phone/		
E-mail			
		HEREBY REQUESTS	
to parti	cipate to the Selection for the assignme	ent of the INNOVATION FOR	NEURODIVERGENCE AWARD
	HEREBY DECLARES (acc	ording to the articles 46 and 4	7 of D.P.R. no. 445/2000)
•	to be aware of all the rules contained	d in the competition annound	cement.
•	-		eg. 2016/679, personal data will be only
	treated, also with ICT tools, within the	·	·
•	to submit this application, as Team I	Leader or Principal Investiga	tor, on behalf of the whole working group.
	Attach the following documents:		
•	copy of a valid personal identity document (Identity Card or Passport);		
<ul> <li>the project presentation within the limits of 15 PowerPoint slides in PDF format.</li> </ul>			
•	• 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, photo	s, and/or drawings.	
Place .	Date		
		App	olicant's signature