

**REQUIREMENT TO PROVIDE ADDITIONAL INFORMATION FOR THE TALENTIA POSTDOC
FELLOWSHIP CALL FOR TRANSNATIONAL MOBILITY OF RESEARCHERS**

Guide for applicants

According to the Requirement to provide additional information for the Talentia Postdoc Fellowship Call, published on May 28, the candidates have until June 9 to provide the requested information. (10 working days)

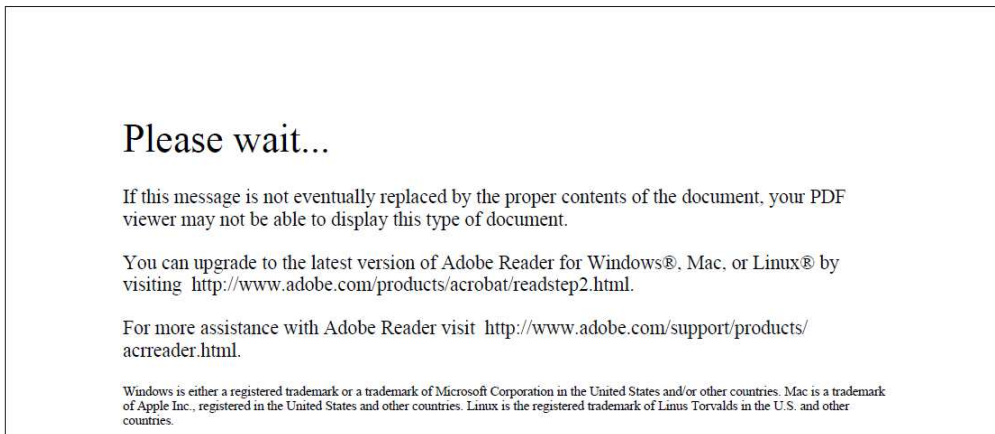
The grounds of correction are the declarations made on pages 1 and 2 of the Application Form.

Application Form

In many cases, the Application Form was not readable. See Image below



Anexo: Documento voluntario 1



If this was the case, please complete the editable pdf of the Application Form (pages 1 and 2), tick the boxes and sign on the second page.

Grounds of correction

a) Details of the applicant and/or the representative

If you are listed with letter a), you will need to complete all your details (or those of your representative). Please complete the section DNI/NIE/NIF, referring to your identity card/Passport number.

GRANT LINE					CALL/YEAR
	dated (Official Gazette - BOJA nº dated)				

1	DETAILS OF THE APPLICANT AND THE REPRESENTATIVE				
SURNAME/S AND NAME OR LEGAL NAME:				GENDER:	DNI/NIE/NIF:
				<input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS:					
STREET TYPE:	NOMBRE VIA:	STREET KM:	NUMBER:	LETTER:	STAIRCASE:
					FLOOR: DOOR:
CITY:	STATE:	COUNTRY:	POSTAL CODE:		

b) Details and authorization for notifications

If you are listed with letter b), this means it is not clear how to contact you.

JUNTA DE ANDALUCÍA

CONSEJERÍA DE ECONOMÍA, INNOVACIÓN, CIENCIA Y EMPLEO

Anexo: Documento voluntario 1

Please wait...

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting <http://www.adobe.com/products/acrobat/readstep2.html>.

For more assistance with Adobe Reader visit <http://www.adobe.com/support/products/acroreader.html>.

Windows is either a registered trademark or a trademark of Microsoft Corporation in the United States and/or other countries. Mac is a trademark of Apple Inc., registered in the United States and other countries. Linux is the registered trademark of Linus Torvalds in the U.S. and other countries.

We need to have all details to be able to contact you. (Postal address and email address fully completed in Section 1)

Please fill out Section 1 of page 1 and enter email, name, identification number and/or mobile number for notifications in section 2.

1		DETAILS OF THE APPLICANT AND THE REPRESENTATIVE	
SURNAME/S AND NAME OR LEGAL NAME:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
DNI/NIE/NIF:			
ADDRESS:			
STREET TYPE:	NOMBRE VIA:	STREET KM:	NUMBER:
LETTER:	STAIRCASE:	FLOOR:	DOOR:
CITY:		STATE:	COUNTRY:
POSTAL CODE:			
TELEPHONE:	FAX:	EMAIL:	
SURNAME/S AND NAME OF THE REPRESENTATIVE:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
DNI/NIE/NIF:			
REASON FOR THE REPRESENTATION:			
ADDRESS:			
STREET TYPE:	NOMBRE VIA:	STREET KM:	NUMBER:
LETTER:	STAIRCASE:	FLOOR:	DOOR:
CITY:		STATE:	COUNTRY:
POSTAL CODE:			
TELEPHONE:	FAX:	EMAIL:	
2		EXPRESSED AUTHORIZATION FOR ELECTRONIC NOTIFICATIONS	
<small>Mark X where appropriate if you want that notifications, if any, have to be made by electronic means via the Notification System Notific® of the Junta de Andalucía in terms of what is stated in Decree 68/2008, of February 26, by omitting the presentation of a photocopy of official identification documents and the certificate of residence in administrative procedures of the Junta de Andalucía and determines the practice of electronic notification on-line.</small>			
<input type="checkbox"/> I AUTHORIZE electronic notification as means of notification and indicate that I have a safe address in the Notification System Notific®.			
<input type="checkbox"/> I AUTHORIZE electronic notification as means of notification and indicate that I do not have a safe address in the Notification System Notific®, therefore I AUTHORIZE the Ministry/Agency to process my registration in the referred system.			
<small>Enter email address and/or mobile number for notification on the Notification System Notific®.</small>			
Surnames and Name:		DNI:	
E-mail:		Mobile number:	

c) Declaration to meet the requirements to obtain the status of beneficiary

You will need to tick the boxes in Section 4, Application, Statement, Place, Date and Signature. Your signature at the end of Section 4 on page 2 confirms all your declarations.

Make sure you tick box: I meet the requirements to obtain the status of beneficiary and commit to provide all documentation required in the regulations for proceedings.

4 APPLICATION, STATEMENT, PLACE, DATE AND SIGNATURE	
I DECLARE , under my sole responsibility, that my application information is true, and that:	
<input checked="" type="checkbox"/>	I meet the requirements to obtain the status of beneficiary and commit to provide all documentation required in the regulations for proceedings.
<input type="checkbox"/>	I have not requested nor obtained any subvention or grant for the same purpose related to this application.
<input type="checkbox"/>	I have requested and/or obtained other subventions or grants for the same purpose related to this application, from other administrations or public/private entities, national or international.

Sign at the end of Section 4 on page 2.

4 APPLICATION, STATEMENT, PLACE, DATE AND SIGNATURE (continuation)				
Requested				
Date/Year	Other administrations or public/private entities, national or international	Amount	Minimis (if any) (Y/N)	
		€		<input type="checkbox"/>
		€		<input type="checkbox"/>
		€		<input type="checkbox"/>
Granted				
Date/Year	Other administrations or public/private entities, national or international	Amount	Minimis (if any) (Y/N)	
		€		<input type="checkbox"/>
		€		<input type="checkbox"/>
		€		<input type="checkbox"/>
<input type="checkbox"/> I am not involved in any of the prohibitions provided in the regulations. <input type="checkbox"/> Other/s (stipulate): 				
I AGREE to comply with the requirements of the implementing regulations and APPLY for the grant of _____ euro.				
in _____ the _____ of _____ of _____				
THE APPLICANT / REPRESENTATIVE				
Signed: _____				
A/A PERSONA TITULAR DE LA DIRECCIÓN GENERAL DE LA AGENCIA ANDALUZA DEL CONOCIMIENTO				
DATA PROTECTION				

d) Statement concerning other subventions or grants for the same purpose related to the application from other administrations or public/private entities, national or international

You will have to mark one of the boxes concerning this subject.

If you tick the second box: I have requested and/or obtained other subventions or grants for the same purpose related to this application, from other administrations or public/private entities, national or international, please indicate entity and amount on page 2.

4 APPLICATION, STATEMENT, PLACE, DATE AND SIGNATURE	
I DECLARE , under my sole responsibility, that my application information is true, and that:	
<input type="checkbox"/>	I meet the requirements to obtain the status of beneficiary and commit to provide all documentation required in the regulations for proceedings.
<input checked="" type="checkbox"/>	I have not requested nor obtained any subvention or grant for the same purpose related to this application.
<input type="checkbox"/>	I have requested and/or obtained other subventions or grants for the same purpose related to this application, from other administrations or public/private entities, national or international.

4 APPLICATION, STATEMENT, PLACE, DATE AND SIGNATURE (continuation)

Requested			
Date/Year	Other administrations or public/private entities, national or international	Amount	Minimis (if any) (Y/N)
		€	<input type="checkbox"/>
		€	<input type="checkbox"/>
		€	<input type="checkbox"/>
Granted			
Date/Year	Other administrations or public/private entities, national or international	Amount	Minimis (if any) (Y/N)
		€	<input type="checkbox"/>
		€	<input type="checkbox"/>
		€	<input type="checkbox"/>

I am not involved in any of the prohibitions provided in the regulations.

Other/s (stipulate):

I AGREE to comply with the requirements of the implementing regulations and **APPLY** for the grant of _____ euro.

In _____ the _____ of _____ of _____

THE APPLICANT / REPRESENTATIVE

Signed: _____

A/A PERSONA TITULAR DE LA DIRECCIÓN GENERAL DE LA AGENCIA ANDALUZA DEL CONOCIMIENTO

DATA PROTECTION

e) Declaration not being involved in any of the prohibitions in the Regulations

If you are listed with letter e), please tick the box on page 2, Section 4 above the signature space. Your signature at the end of Section 4 on page 2 confirms all your declarations.

I am not involved in any of the prohibitions provided in the regulations.

Other/s (stipulate):

I AGREE to comply with the requirements of the implementing regulations and **APPLY** for the grant of _____ euro.

In _____ the _____ of _____ of _____

THE APPLICANT / REPRESENTATIVE

Signed: _____

A/A PERSONA TITULAR DE LA DIRECCIÓN GENERAL DE LA AGENCIA ANDALUZA DEL CONOCIMIENTO

DATA PROTECTION

f) Declaration that the application information is true

This declaration has no tick box.

Your signature at the end of Section 4 on page 2 confirms all your declarations.

4	APPLICATION, STATEMENT, PLACE, DATE AND SIGNATURE
I DECLARE , under my sole responsibility, <u>that my application information is true</u> , and that:	
<input type="checkbox"/>	I meet the requirements to obtain the status of beneficiary and commit to provide all documentation required in the regulations for proceedings.
<input type="checkbox"/>	I have not requested nor obtained any subvention or grant for the same purpose related to this application.
<input type="checkbox"/>	I have requested and/or obtained other subventions or grants for the same purpose related to this application, from other administrations or public/private entities, national or international.

SUMMARY

- To provide the requested information, complete the relevant sections on pages 1 and 2 of the Application Form.
- Make sure you forward us a non-editable pdf of your Application Form, with signature.
- You may contact us with any questions at: talentiapostdoc.aac@juntadeandalucia.es

We kindly request the candidates to provide the additional information in any Official Register, send Certified mail or via Spanish Embassy or Consulate abroad and to forward a pdf via e-mail to talentiapostdoc.aac@juntadeandalucia.es