



## ANNEX IV

APPLICATION TO PARTICIPATE IN THE SELECTION PROCESS 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 OF BIRTH:			
ADDRESS	COUNTRY			PROVINCE			
LOCALITY					POSTAL CODE		
STREET						Nº	
TELEPHONES:				EMAIL			
ACADEMIC QUALIFICATIONS:							
FROM THE UNIVERSITY OF:							
DATE OF TERMINATION OF STUDIES:				Nº OF CREDITS PASSED:			
MASTER'S/UNIVERSITY							

#### 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)*





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 12<sup>th</sup> of May 2021.

Signed at.....on.....of..... 2021.

Signature.....

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**TO THE DIRECTOR OF THE INSTITUTO DE ASTROFÍSICA DE CANARIAS**





DOCUMENTATION ACCOMPANYING THE APPLICATION FORM (MARK WITH AN X)

DOCUMENTS	
<input type="checkbox"/>	PHOTOCOPY OF NATIONAL IDENTITY DOCUMENT, NIE, or PASSPORT (see 3.4.1.b)
<input type="checkbox"/>	PHOTOCOPY OF REQUIRED QUALIFICATIONS OR RECEIPT OF PAYMENT OF FEES FOR THEIR EXPEDITION
<input type="checkbox"/>	PHOTOCOPY OF OFFICIAL ACADEMIC CERTIFICATE (see 3.4.1.d)
<input type="checkbox"/>	PHOTOCOPY OF MATRICULATION RECEIPT FOR MASTER'S (ACADEMIC YEAR 2020-21)
<input type="checkbox"/>	CURRICULUM VITAE
<input type="checkbox"/>	PHOTOCOPY OF CERTIFICATE OF ACCREDITING LEVEL B1 OR ITS EQUIVALENT, AS DESCRIBED WITHIN THE REFERENCE COMMON EUROPEAN FRAMEWORK FOR LANGUAGES (MCER).
<input type="checkbox"/>	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)
<input type="checkbox"/>	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)
<input type="checkbox"/>	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)
<input type="checkbox"/>	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

