Prot. n. 0018503 del 21/05/2025 - [UOR: SI000132 - Classif. III/12]

FONDAZIONE !MPRENDi Scuola di Imprenditorialità

Intelligence++

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 2025

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