

APPLICATION FORM

Autumn School on Hate Speech Online 3-7 October 2022

Application Deadline: 28 September 2022

Please complete all the information required below, do not omit any information.

Your application cannot be processed unless it is complete.

Please fill in this application form in **Microsoft Office Word format**.

A. PERSONAL INFORMATION (AS INDICATED IN YOUR PASSPORT)					
1. Surname/Family Name (as indicated in your passport)		First Name (as indicated in your passport)		Other names (as indicated in your passport)	
2. Date of birth (dd/mm/yyyy) / /	3. Place of birth	4. Nationality at birth	5. Present nationality	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Permanent address E-mail (it will be used to communicate the selection results): Home Telephone (+ country/area code): Mobile phone (+ country/area code): Skype-id:			8. Present address (if different from permanent address) Home Telephone (+ country/area code): Mobile phone (+ country/area code):		
9. Person to notify in case of emergency Name: Address: Home Telephone (+ country/area code): Mobile phone (+ country/area code): E-mail:					

B. LANGUAGE PROFICIENCY

10. Please indicate your mother tongue

11. In regard to my English language proficiency, I declare that:

- English is my mother tongue.
- I hold a first or higher degree from an institution in which English is the primary language.
- I hold an official English certificate (e.g. Cambridge, TOEFL, IELTS, other).
- I do not have any English certificate. However, I hereby certify that my level of English (both spoken and written) is such as to allow me to understand lectures and actively participate in classroom debates. I understand that a phone interview can be arranged in order to assess my English language proficiency.

C. EDUCATION

Give full details, please list in reverse order.

In Column **C**, please give exact titles of degrees *in original language*.In Column **D and E**, please translate titles of degrees and final dissertation *in English* (if necessary).

12. University or equivalent

A	B		C	D	E
NAME, PLACE AND COUNTRY	ATTENDED FROM/TO		DEGREES AND ACADEMIC DISTINCTIONS (IN ORIGINAL LANGUAGE)	DEGREES AND ACADEMIC DISTINCTIONS (IN ENGLISH)	FINAL GRADE AND TITLE OF FINAL DISSERTATION (IN ENGLISH)
	mm/yyyy	mm/yyyy			
	/	/			
	/	/			
	/	/			

13. Specialized courses or other formal training (i.e. technical school or apprenticeship)

NAME, PLACE AND COUNTRY	TYPE (IN ENGLISH)	ATTENDED FROM/TO		CERTIFICATES OR DIPLOMAS OBTAINED (IN ENGLISH)
		mm/yyyy	mm/yyyy	
		/	/	
		/	/	
		/	/	

D. PROFESSIONAL EXPERIENCEPlease list any **relevant** present/previous work experiences (internship positions included) in reverse order.**14. Employment record****14.a - PRESENT POST** (last post if not presently in employment)

FROM (mm/yyyy) / /	TO (mm/yyyy) / /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.b - PREVIOUS POST

FROM (mm/yyyy) / /	TO (mm/yyyy) / /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.c - PREVIOUS POST

FROM (mm/yyyy) / /	TO (mm/yyyy) / /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.d - PREVIOUS POST

FROM (mm/yyyy) / /	TO (mm/yyyy) / /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.e OTHERS and/or additional work experiences

E. ADDITIONAL INFORMATION

15. How did you first hear about the Course?
You can tick a maximum of three options

<input type="checkbox"/> UNICRI website	<input type="checkbox"/> SIOI students/alumni
<input type="checkbox"/> SIOI website	<input type="checkbox"/> UNICRI emailing
<input type="checkbox"/> UNICRI Social Networks	<input type="checkbox"/> On-line (please specify):
<input type="checkbox"/> SIOI Social Networks	<input type="checkbox"/> Others (please specify):
<input type="checkbox"/> UNICRI alumni	

16. Other relevant information you would like to include. For example, information regarding any professional societies, relevant experience abroad, disability and/or special need.

H. ACKNOWLEDGMENTS AND PRIVACY WAIVER

By ticking this box I certify that the statements made by me in answering the foregoing questions are true, complete and correct to the best of my knowledge and belief.

Date: / /

By ticking this box I understand that additional supporting documents (i.e. scanned copy of your passport and/or University degrees, English language certificate, as well as supervisors and/or employer's contact details) may be requested for eventual clarifications during the selection process. Do not, however, send any supporting document until you have been asked to do so.

Date: / /

By ticking this box I understand that my data will be processed and protected according to Italian Law n. 196 of June 30, 2003 and to EC Directives n. 95/46 and 2002/58 (protection of persons and others in the processing of personal data). I may at any moment request their updating, verification or cancellation by writing an E-mail to unicri.courses@un.org

Date: / /