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| 1/ APPLICATION FORM *All blanks should be filled out in English and be typewritten.* | | |
| Surname: | **First name(s):** | **Academic Degree:** |
| Sex: *(Cross the right option)* ☐ Male  ☐ Female | Date of Birth:*(Use the form: DD. MM. YYYY)* | **Nationality:** |
| Home Address: | **Telephone number:** | **E-mail:** |
| Host Faculty at Charles University: | | |
| **Title of Research Project:** | | |

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| The Institution/Institute/Department where PhD studies were completed:*(Name, Address, Telephone number, E-mail)* |

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| Research project:  * *State your reasons, why you want to realize your research project in co-operation with the research team of the hosting faculty/institute at Charles University.* * *Be specific about your major field and your special interests within this project.* * *Explain, how your research project fits in with your previous training and your future objectives.* * ***Please use max. 1000 words*** |

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| Necessary enclosures to the Application:Scientific Curriculum Vitae, including List of Publications (divided into peer reviewed journal papers and other publications) - *all together max. 2 pages A4*Letter of ReferenceCopy of PhD Diploma or Provisional certificate of completion of PhD studies or another official confirmation, that the applicant has been awarded PhD Degree | | | |
| By signing this document I grant my consent for Charles University, registered office at Ovocný trh 560/5, 116 36 Prague 1, ID no.: 00216208 ("CU"), which is the administrator of the personal data of all faculties and subdivisions of CU, to process my personal data to the extent stated in the application, and other required documents for the Post-doc Stays Fund at all stages of the process (preparatory phase, max. 2-years term stay at CU and subsequentoutputs) in accordance with Act No. 101/2000 Coll., on the protection of personal data and amending certain acts, as amended, and in accordance with the directly applicable European Union legislation (Regulation (EU) 2016/679 of the European Parliament and of the Council on GDPR). I consent to the storage of the aforementioned personal data in electronic and printed form for the needs of Charles University for a period of 5 years. I grant this consent based on my own and free will, I acknowledge that I can anytime revoke this consent.  I can withdraw the consent via e-mail sent to the following e-mail address: [zahran@ruk.cuni.cz](mailto:zahran@ruk.cuni.cz) or in person in the seat of the data controller.  I also have the following rights:   * To require information on what personal data is processed about me, * To require correction of false or outdated personal data, * To require my personal data not to be processed till the legitimacy of the two above mentioned points has been settled, * To require that my personal data will be transferred to another data controller, * To file a complaint to the supervisory authority.   If I make any inquiry or if I exercise my rights, I can contact the Data Protection Officer (DPO) on the following e-mail address: [gdpr@cuni.cz](mailto:gdpr@cuni.cz). | | | |
| **Date:** |  | **Signature of the Applicant:** |  |