



**APPLICATION FOR ADMISSION TO THE PUBLIC CALL FOR THE RECRUITMENT OF
TENURE-ELEGIBLE LECTURER AT THE UNIVERSITY OF BARCELONA IN THE
FRAMEWORK OF THE SERRA HÚNTER PROGRAMME**

PERSONAL INFORMATION

First family name		Second family name		Name	
Date of birth	Town/city of birth		Province/region and country of birth		Identity document / passport number
Home address					
Street					
Town or city			Postcode		Province or region
Contact telephone number			Email address		
NATIONALITY [<i>please indicate</i>]: Spanish <input type="checkbox"/> European Union but not Spanish <input type="checkbox"/> Non-European Union <input type="checkbox"/>					

ACADEMIC INFORMATION

Doctoral degree	
University	Date of issue

ACCREDITATIONS

Accreditation	
Accrediting institution	Date of issue
Accreditation	
Accrediting institution	Date of issue

ACCREDITATION OF LANGUAGE SKILLS

<p>Accreditation of Catalan language skills:</p> <p><input type="checkbox"/> I DO NOT have accreditation and by signing this application, I commit to obtain, within a period of two years from the date of access to the UB, the Catalan proficiency certificate or equivalent according to current regulations or through the certificate of Catalan language proficiency for public teaching positions issued by the University of Barcelona for this purpose.</p> <p><input type="checkbox"/> I DO have the accreditation corresponding to level: _____ (<i>a copy is attached to this form</i>)</p> <p><input type="checkbox"/> I have already presented to the UB the accreditation of the Catalan proficiency level prior to the present application.</p> <p><input type="checkbox"/> I have already presented the commitment to achieve the Catalan proficiency level prior to this application.</p> <p>In either of the two previous cases, please specify in what process it was presented _____</p> <p>Accreditation of Spanish language skills, in case of foreigners from non-Spanish speaking countries.</p> <p><input type="checkbox"/> I DO NOT have accreditation and I sign the commitment to achieve the proficiency level within a period of two years from the date of access to the UB.</p> <p><input type="checkbox"/> I DO have the accreditation (<i>a copy is attached to this form</i>).</p>

I APPLY to be admitted to the call detailed below and **I DECLARE** that the information presented in this application is true and that I meet the conditions required to apply for the call.

INFORMATION ABOUT THE CALL

Date of publication in the Official Gazette of the Government of Catalonia (<i>Diari Oficial de la Generalitat de Catalunya, DOGC</i>):	Call code:
Category:	
Area of knowledge / profile:	
Department:	
Faculty or school:	
Speciality ⁽¹⁾ :	

⁽¹⁾ Only for hospital positions associated with health care.

EXCM. I MGFC. SR. RECTOR DE LA UNIVERSITAT DE BARCELONA

(Destinació: Personal Acadèmic. Codi PR341)



DOCUMENTS THAT SHOULD BE SUBMITTED VIA THE GENERAL REGISTRY

- ✓ Application duly completed and signed within the established deadline.
- ✓ Documents included in article 3.3.
- ✓ In accordance with article 3.5. **I HEREBY DECLARE:**

I have submitted the documentation to the Management Team of the Serra Hünter Programme for the present call, therefore, **I do not include** the documentation in this application. I authorize the University of Barcelona to access and use the documentation presented to the Management Team of the Serra Hünter Programme.

I include additional documentation to that already submitted to the Serra Hünter Programme.

DOCUMENTS TO BE EMAILED TO THE ADDRESS personal.academic.concursos@ub.edu

- ✓ Documents included in article 3.4.
- ✓ In accordance with article 3.5. **I HEREBY DECLARE:**

I have submitted the documentation to the Management Team of the Serra Hünter Programme for the present call, therefore, **I do not include** the documentation in this application. I authorize the University of Barcelona to access and use the documentation presented to the Management Team of the Serra Hünter Programme.

I include additional documentation to that already submitted to the Serra Hünter Programme.

Signature of the interested party or of the person authorized by them:	Place and date
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