



APPLICATION COVER SHEET: FACULTY

1. PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MALE

FEMALE

NON-BINARY

DATE OF BIRTH: / /
DD MM YR

QUALIFIABLE DISABILITY? :

YES NO

EMAIL ADDRESS:

NATIONALITY:

CURRENT ADDRESS:

2. CURRENT POSITION INFORMATION

DENOMINATION OF PROFESSORSHIP:

DEPARTMENT/INSTITUTE:

IN THIS POSITION SINCE:

I PLAN TO COLLECT DATA IN SCHOOLS/COOPERATE WITH SCHOOLS:

YES

NO