



APPLICATION COVER SHEET: FACULTY

Please fill in this form as completely as possible! The data is for internal use only.

1. PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MALE FEMALE NON-BINARY

DATE OF BIRTH:

QUALIFIABLE DISABILITY? : YES NO

/ /
DD MM YR

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

PLACE, DATE

SIGNATURE