

WIB-EKS-PZ-01/01.04/1_EN

The Polish language shall be the authentic language of the present document. Should this document be made also in other language version, in case of any discrepancies the Polish language version shall prevail. Polish version of the document is available on <https://wib.port.org.pl/ekspert/>.

Application for inclusion in the List of Experts of the Virtual Research Institute Programme in the field of medical biotechnology – oncology

1.	Field to which the application refers	<input type="checkbox"/> Scientific: medical biotechnology – oncology <input type="checkbox"/> Economic-social: medical biotechnology – oncology
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2.	Name and surname	
3.	E-mail address	
4.	Contact phone	
5.	Correspondence address	
6.	I am already an Expert of the WIB Programme, and I am submitting this application to update data	YES <input type="checkbox"/> NO <input type="checkbox"/>

	Name of university, faculty, study area <small>(If necessary, the rows below may be extended)</small>	Year of completion	Academic title or Degree obtained <small>(If applying for inclusion in the List of Experts of the WIB Programme in any scientific discipline, please specify the discipline and field in which the title was obtained)</small>
7.			

Professional experience in the field to which the application relates <i>(If necessary, the rows below may be extended)</i>			
8.	Period of employment (YYYY-MM)	Name and address of employer	Position <i>Division/faculty/team/department and scope of responsibilities</i>

Recommending institution ¹ <i>(If necessary, the rows below may be extended)</i>	
9.	Name and address
	Telephone
	Contact person
	Period of cooperation (YYYY-MM)
	Type of cooperation

¹ Optional; this section is not mandatory

10.	<p>Expert knowledge, skills, authorisations, and achievements in the field to which the application relates²</p> <p>Academic achievements and publications³</p> <p>Achievements in innovation, commercialisation, the implementation of innovative solutions in R&D which led to clinical trials; the management of high-risk funds (seed funds, VC, etc.)⁴</p> <p><i>Compliance with these requirements should be confirmed by references to documents, links to publications, indices, etc.</i></p>	
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² According to the requirements set out in the Announcement on the recruitment of Experts

³ Refers to a candidate as an Expert in a scientific field

⁴ Refers to a candidate as an Expert in an economic-social field

DECLARATIONS

1. I hereby declare that I have full civil rights.
2. I hereby declare that I have full legal capacity.
3. I hereby declare that I have no record of conviction by a final judgment for an intentional crime, or an intentional fiscal offence, or, in particular, for a corruption-related offence, or an offence perpetrated in relation to a public-procurement procedure, for an offence defined in the Act of 4 February 1994 on Copyright and Related Rights, or a bribery, trade-related, or other offence, committed to obtain financial gain.
4. I hereby declare that I have not been punished with a disciplinary penalty defined in Article 276 of the Act of 20 July 2018 - Law on higher education.
5. I hereby declare that I agree to the disclosure of my personal data on the List of Experts of the WIB Programme (i.e., name and surname, and the field in which I specialise) which shall be published on the website www.wib.port.org.pl, and to process my personal data for the purposes necessary to carry out the process of recruitment, and for the preparation and maintaining of the List of WIB Experts.

..... (date).....

.....

Signature

Please find attached to this application photocopies of the following documents* confirming the information provided in 7-10 of this application

No	List of documents <i>If necessary, the rows below may be extended</i>
1.	
2.	
3.	

*The documents confirming the information given in 7-10 may include, in particular, photocopies of diplomas, employment certificates, contracts for specific work/contracts of mandate, certificates, attestations, etc.

I hereby confirm the accuracy of the above information with my handwritten signature

..... (date).....

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Signature