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| Codice CUP: H74D24000970007 **Allegato A : MODELLO DOMANDA PERSONALE ATA****AL DIRIGENTE SCOLASTICO****del ISTITUTO COMPRENSIVO STATALE G. MAMELI**Oggetto: **Domanda di partecipazione alla selezione finalizzata al reclutamento di Personale - Avviso per la selezione del personale ATA INTERNO in qualità di figura di supporto al progetto PNRR Missione 4 – Componente 1 – del PNRR** – Linea di investimento **Investimento 3.1: Nuove competenze e nuovi linguaggi - Azioni di potenziamento delle competenze STEM e multilinguistiche (D.M. 65/2023)** - Codice progetto **M4C1I3.1-2023-1143-P-39721** - Titolo **PRONTI PER NUOVE COMPETENZE – Nuove competenze e nuovi linguaggi**Il/La sottoscritto/a

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SCRIVERE ANCHE E-MAIL IN STAMPATELLO**in qualità di** [ ]  ASSISTENTE AMMINISTRATIVO[ ]  COLLABORATORE SCOLASTICO**CHIEDE**di essere inserito/a nella graduatoria di:[ ]  ASS.te AMMINISTRATIVO [ ]  COLL.re SCOLASTICOPer le attività del PN FSE+ codice **ESO4.6.A4.A-FSEPNCA- 2024-614** dal titolo **“Socializziamo in armonia”****CONSAPEVOLE**delle sanzioni penali richiamate dall’art. 76 del D.P.R. 28/12/2000 N. 445, in caso di dichiarazioni mendaci e della decadenza dei benefici eventualmente conseguenti al provvedimento emanato sulla base di dichiarazioni non veritiere, di cui all’art. 75 del D.P.R. 28/12/2000 n. 445 ai sensi e per gli effetti dell’art. 47 del citato D.P.R. 445/2000, sotto la propria responsabilità **DICHIARA**1. **Titoli e incarichi**

**di possedere i seguenti titoli e di aver svolto i seguenti incarichi:**

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| **TITOLI VALUTABILI** | **Spuntare i titoli posseduti** |
| Diploma di scuola secondaria di primo grado (solo per Collaboratori Scolastici) | [ ]  |
| Diploma di scuola secondaria superiore di secondo grado | [ ]  |
| Altro diploma scuola secondaria II grado | [ ]  |
| Diploma di laurea  | [ ]  |
| Incarichi di collaborazione con il DSGA - solo per gli AssistentiAmministrativi (Incarico di Sostituto del D.S.G.A.) – Max 60 mesi | Indicare n° mesi \_\_\_\_ |
| Seconda posizione economica | [ ]  |
| Beneficiario Art. 7 | [ ]  |
| Incarichi specifici (Max n.5) | Indicare n° incarichi specifici attribuiti \_\_\_\_ |
| Attività svolta in progetti PON – POR (Max 8 esperienze) | Indicare n° attività PON-POR \_\_\_\_ |
| Corsi ECDL e/ o altre certificazioni (max 4) | Indicare n° Corsi/certifiazioni \_\_\_\_ |

Tutti gli incarichi, le attività e le certificazioni dovranno essere dettagliatamente specificate nel Curriculum Vitae in formato europeo che, a tal fine, si allega alla presente.1. **Dichiarazione di insussistenza di incompatibilità**
* di non trovarsi in nessuna della condizioni di incompatibilità previste dalle Disposizioni e Istruzioni per l’attuazione delle iniziative cofinanziate dai Fondi Strutturali europei 2014/2020, in particolare di:
	+ di non essere collegato, né come socio né come titolare, alla ditta che ha partecipato e vinto la gara di appalto.
* Dichiara inoltre, di non essere parente o affine entro il quarto grado del legale rappresentante dell'Istituto e di altro personale che ha preso parte alla predisposizione del bando di reclutamento, alla comparazione dei curricula degli astanti e alla stesura delle graduatorie dei candidati.
1. **Informativa ex art. 13 D.Lgs. n.196/2003 e ex art. 13 del Regolamento Europeo 2016/679, per il trattamento dei dati personali dei dipendenti**

Il/la sottoscritto/a con la presente, ai sensi degli articoli 13 e 23 del D.Lgs. 196/2003 (di seguito indicato come “Codice Privacy”) e successive modificazioni ed integrazioni, ***AUTORIZZA***L’Istituto **ISTITUTO COMPRENSIVO STATALE G. MAMELI** al trattamento, anche con l’ausilio di mezzi informatici e telematici, dei dati personali forniti dal sottoscritto; prende inoltre atto che, ai sensi del “Codice Privacy”, titolare del trattamento dei dati è l’Istituto sopra citato e che il sottoscritto potrà esercitare, in qualunque momento, tutti i diritti di accesso ai propri dati personali previsti dall’art. 7 del “Codice Privacy” e dal Capo III del Regolamento (ivi inclusi, a titolo esemplificativo e non esaustivo, il diritto di ottenere la conferma dell’esistenza degli stessi, conoscerne il contenuto e le finalità e modalità di trattamento, verificarne l’esattezza, richiedere eventuali integrazioni, modifiche e/o la cancellazione, nonché l’opposizione al trattamento degli stessi).Data \_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA DEL CANDIDATO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |

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