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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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | COGNOME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | NOME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | CODICE FISCALE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | DATA DI NASCITA |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | LUOGO DI NASCITA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | | PROVINCIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | COMUNE DI RES.ZA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | | PROVINCIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | VIA/PIAZZA/CORSO |  |  |  |  |  |  |  |  |  |  |  |  | N. |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | CAP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | TELEFONO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | E-MAIL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   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 SCOLASTICO  Per 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:**   |  |  | | --- | --- | | **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 Assistenti  Amministrativi (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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | |  |  |