**ANNEX 2**

### APPLICATION FORM

**SELECTION OF NATIVE ENGLISH-SPEAKING TEACHERS**

**SUBJECT: PHILOSOPHY**

FOR THE SCUOLA PER L’EUROPA

DI PARMA

VIA LANGHIRANO 177/A

PARMA

Certified email: segreteria@pec.scuolaperleuropa.eu

##### THE UNDERSIGNED

Surname

Married women should indicate their maiden name

Name

born in …………………………………………........................................................ on .........………………

resident in ……………………………………....................................… ……………………………………………….........................................................

taxpayer's code ……………………………………………...........

Nationality ……………………………………………………….

Certified email ……………………………………………………………………

Having interest in the call for applications for the selection procedure for the recruitment of native English-speaking teachers for the constitution of a list of teachers suitable for Philosophy in English at the secondary school Scuola per l’Europa di Parma

HEREBY ASKS

to be admitted to the above selection procedure and to be interviewed in English, except for the part of the interview devoted to testing language skills in the first foreign language among the languages taught at the school........................................................ (*other than mother tongue*). [The languages taught at the school are as follows: English, French, Italian, Spanish, German, Portuguese, Dutch and Greek].

The undersigned also asks that the knowledge of the Italian language or of an additional language among the vehicle languages of the European School System (English, French and German) with an examination in the absence of a certification, namely……………………………………… (*other than the mother tongue and the language required for admission).*

To this end, the undersigned, under his/her own responsibility and aware of the legal consequences of false or misleading statements and of the consequent loss of the benefits resulting from the issued provision, pursuant to Articles 75 and 76 of Decree of the President of the Republic no. 445 of 28 December 2000

HEREBY REPRESENTS THAT HE / SHE

(Please tick the boxes and complete)

□ is a native speaker of (*language*) ……………………………………………….

□ is qualified to teach in the foreign country where the aforesaid language is the official language or one of the official languages ……………………………….............................................................................. (*indicate the qualification)*

obtained from ……………………………………………………………… on ……………………………   
in ……………………………………………………………………………………………………………

□ is qualified to work as teacher of (subject) ………………………………………… as recognized in Italy or in another Country of the European Union *(indicate the country*) …..………………………………………

For the purpose, the undersigned is enclosing a sworn Italian translation of the documentation/certification of the Ministry of Education of their Country of origin or of the Country in which he/she obtained the qualification in case of Countries of the European Union, which proves that he/she has been specifically qualified and/or that the qualification obtained makes them fit for the job of teacher, with details on the school level(s) and pupil age range for which he/she is qualified as teacher.

In the event of a certificate or qualification obtained in a Non-European Country, he/she encloses a Statement of Validity, issued locally by the competent Embassy, stating that he/she is specifically qualified and/or that the submitted certificate has a qualifying value, with details on the school level(s) and pupil age range for which he/she is qualified as teacher. The above documentation is produced in Italian.

□ holds □ a permanent position/□ employment since ............................……………………

at (*place where the teacher has a permanent contract*) ………………………………………………………………………………

professional profile …………………………………………………………………

□ has passed the test year on …………………………………………………………

OR

□ has no permanent contract in any Italian or foreign school;

□ has a B2 level, or higher, certification/linguistic qualification in both the receptive and productive skills (listening, speaking/interaction, reading, writing) of the Common European Framework of Reference one of foreign languages taught in the school: (*indicate language*)………………………………………………………………………………………

obtained on (date) ……………………………………………………

from ………………………………………………………………………………

OR

□ has a master's degree in the relevant foreign language, pursuant to Decree of the Minister of Education, University and Research no. 3889 of 7 March 2012, and subsequent amendments and additions

obtained on (date) ……………………………………………………

from ………………………………………………………………………………

The undersigned also DECLARES that he/she:

* is an Italian national or a citizen of a EU Member State with a right of residence or permanent residence or a citizen of third-Countries with a EU residence permit for long-term stays or have a refugee status or be under subsidiary protection pursuant to Article 38 of Legislative Decree no. 165 of 30 March 2001. The persons referred to in Article 38 of Legislative Decree no. 165 of 30 March 2001 shall fulfil the requirements, if they are compatible, laid down in Article 3 of the Decree of the President of the Council of Ministers no. 174 of 7 February 1994;
* is entitled to civil and political rights;
* has not lost the right to vote in elections;
* has not been removed from or exempted from employment in a public administration - including the Scuola per l’Europa di Parma - due to persistent insufficient performance or not have been excluded from a public (government) employment within the meaning of Article 127, first paragraph, letter d), of the unified act on the statute of civil servants (“Testo Unico delle disposizioni concernenti lo statuto degli impiegati civili dello Stato”), approved by Decree of the President of the Republic no. 3 of 10 January 1957 and pursuant to the corresponding legal provisions and national collective labour agreements relating to the personnel of the various sectors;
* has not received a final criminal conviction for offences involving the prohibition to work in public offices or the following criminal convictions (even if amnesty, pardon, remission or judicial forgiveness have been granted) and/or has the following pending criminal proceedings, in Italy and abroad

……………………………………………………………………………………………………..……………………………………………………………………………………………………………..………………………………………………………………………………………………………………...…………………………………………………………………………………………………

* has not returned to metropolitan roles during a previous period abroad and/or in European type I and/or II schools due to incompatibility of permanence in the location for reasons associated with the person concerned;
* has not received a disciplinary action more serious than censorship in the last two years;
* the address, including the area code, telephone number, and the certified email address at which he/she asks to receive any notification concerning the competition:

………………………………………………………………………………………………………..……………………………………………………………………………………………………………..………………………………………………………………………………………………………………...…………………………………………………………………………………………………

For the purposes of the evaluation of cultural and service qualifications, the undersigned DECLARES that he/she has the following qualifications:

**Cultural qualifications (up to 12 points)**

|  |
| --- |
| Second-level post graduate course, to be evaluated for consistency with the profile for which the candidate has applied  Name of the course …………………………………………………………………  obtained on ….…………………………………………………………  from ……………………………………………………………………………… |
| First-level post graduate course, to be evaluated for consistency with the profile for which the candidate has applied  Name of the course …………………………………………………………………  obtained on ….…………………………………………………………  from ……………………………………………………………………………… |
| PhD, to be evaluated for consistency with the profile for which the candidate has applied  Name of the PhD …………………………………………………………………………  obtained on ….…………………………………………………………  from …………………………………………………………………………… |
| For scientific research activities carried out for at least two years based on checks pursuant to Art. 51, paragraph 6, of Law 449/1997 or Art. 1, paragraph 14, of Law 230/2005 or of Art. 22 of Law 240/2010  Scientific research topic ………………………………………………………………………………………  carried out in the two-year period …………………………………………  from ……………………………………………………………………………… |
| First-level post graduate course on foreign language teaching  obtained on ….…………………………………………………………  from ……………………………………………………………………………… |
| Second-level post graduate course on foreign language teaching  obtained on (date) ……………………………………………………  from ……………………………………………………………………………… |
| Specialization course on foreign language teaching  obtained on ….…………………………………………………………  from ……………………………………………………………………………… |
| For any other qualification different from the one required for the candidate's teaching subject  qualifying for ..………………………………………………………………  obtained on (date) ……………………………………………………  from ……………………………………………………………………………… |
| For any other degree obtained in addition to the access certificate and different from the one required for the candidate's teaching subject  in …………………………………………………………………………  obtained on ….…………………………………………………………  from ……………………………………………………………………………… |
| For the foreign language of concern, the certification is evaluated for both receptive and productive skills (listening, speaking/interaction, reading, writing) above level B2  Level …………………………………………………………  obtained on (date) ……………………………………………………  from ……………………………………………………………………………… |
| For the knowledge of another EU language, other than the language used for access and certified at the following levels:  Certification in the ……………………………………… language  Level …………………………………………………………  obtained on (date) ……………………………………………………  from ……………………………………………………………………………… |

**Teaching service qualifications (up to 8 points)**

***NOTE: For each school year, indicate the full name of the school where the teacher worked.***

|  |
| --- |
| Years of service worked in the position for which the candidate has applied:  School name and address ……………………………………………………………  Number of years ……………  School name and address ……………………………………………………………  Number of years ……………  School name and address ……………………………………………………………  Number of years …………… |
| Years of service spent in the professional profile for which the candidate has applied in European/international/foreign schools (indicate, for each year, the name and address of the school, and the mechanographic number, if available)  School name and address ……………………………………………………………  Number of years ……………  School name and address ……………………………………………………………  Number of years …………… |

REQUESTS that any communication concerning the selection procedure be sent by this Office to the following certified email address:................................................................................................................

Informs that he/she can be reached at the following telephone number.........................................................

Encloses a duly signed curriculum vitae and a copy of a valid identity document.

other attachments:......................................................................................

Finally, the undersigned declares that he/she has read the information notice attached hereto and authorises the Scuola per l'Europa di Parma to process personal data in accordance with Regulation 2016/679/EU of the European Parliament and Legislative Decree no. 196 of 30 June 2003 as amended by Legislative Decree 101/2018 for the purposes connected with and necessary for the performance of the selection procedure in question.

Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**