

APPLICATION FORM FOR THE PROFESSOR MANUEL GOMES GUERREIRO AWARD

| Applicant Data | |
|--|---|
| Full name: _____ | |
| Identification document: Identity Card / Citizen's Card <input type="checkbox"/> Other <input type="checkbox"/> : _____ | |
| Number _____ Expiration Date: ____ / ____ / ____ Tax Identification Number _____ | |
| Date of Birth: ____ / ____ / ____ Nationality: _____ | |
| Occupation: _____ | |
| Address: _____ | |
| Postal Code _____ - _____ Telephone / Mobile number: _____ | |
| E-mail: _____ | |
| Submission (published work, book or doctoral thesis) | |
| Type of manuscript and title: Book <input type="checkbox"/> PhD thesis <input type="checkbox"/> | |
| Field: | |
| Arts, Communication and Heritage <input type="checkbox"/> Social Sciences and Education <input type="checkbox"/> Health Sciences and Technology <input type="checkbox"/> | |
| Natural Sciences <input type="checkbox"/> Economics, Management and Tourism <input type="checkbox"/> Engineering and Technology <input type="checkbox"/> | |
| Language : Portuguese <input type="checkbox"/> English <input type="checkbox"/> | |
| Date of publication or in case of doctoral thesis, date of completion: ____ / ____ / ____ | |
| Declaration | |
| <input type="checkbox"/> I hereby declare that the work submitted to this contest has not previously received any award in other competitions <input type="checkbox"/> I hereby declare that the information in this application is true <input type="checkbox"/> I hereby declare that I have read the Professor Manuel Gomes Guerreiro Award Regulation and accept its provisions <input type="checkbox"/> I declare that I authorize the competition jury to verify the veracity of the statements I have made <input type="checkbox"/> I declare that I consent to receiving any communication or notifications regarding the present competition by e-mail <input type="checkbox"/> I declare that, in the event I am chosen to receive the award, that I will participate in the ceremony. unless valid grounds prevent me from doing so, and I further authorize the recording and use of my image and data and I hereby give my consent for this purpose, in accordance with the privacy policy of the University of the Algarve <input type="checkbox"/> I declare that, for the effects foreseen in article 13 of the General Regulation on Data Protection (EU) and the Council of April 27 (RGPD), I consent to the processing of my personal data contained in the application form and attachments, which has been delivered to the University of the Algarve, a public law entity on 505 387 271, with headquarters at the Penha Campus, 8005-139 Faro, for the purposes of this application and for the duration of the proceedings. | |
| Attachments | |
| Hard copy <input type="checkbox"/> | Digital version <input type="checkbox"/> |
| Copies of work submitted to the contest | |

Date: ____ / ____ / ____

Signature: _____