# **USER PERSONAL DATA SHEET**

# **Trans-national Access @ CNR-IOM**

# **(Headquarters Basovizza and c/o SISSA), Trieste, Italy**

|  |  |
| --- | --- |
| Proposal number | ID-xxx |

**General Data for Accountancy purposes**

|  |  |
| --- | --- |
| Surname |  |
| Name |  |
| Date of Birth | dd/mm/yyyy |
| Place of Birth/Country |  |
| Gender | male/female |
| Fiscal Residence (ZIP code included) |  |
| Home Address (ZIP code included) |  |
| Nationality |  |
| National TAX Registration number |  |
| Italian Fiscal Code, if any |  |
| Telephone |  |
| Fax |  |
| E-Mail |  |

Bank Details Mandatory for Reimbursement Purposes (otherwise skip)

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Branch |  |
| Address |  |
| Account holder |  |
| Account Number |  |
| IBAN/BBAN Code |  |
| SWIFT/BIC Code |  |

***Please note that a EURO bank account is recommended otherwise all bank fees are charged to the account holder.***

Data for Virtual User Office and Periodic Reporting purposes

|  |
| --- |
| Education and work position |
| Degree /PhD in (specific) |  | Date | dd/mm/yyyy |
| Obtained at University |  |
| Current Position |  |
| Current Affiliation |  |
| Activity Domain of your proposal**(please choose)** | 🞎 Chemistry🞎 Earth Sciences & Environment🞎 Energy🞎 Engineering & Technology🞎 Humanities🞎 Information & Communication Technologies🞎 Life Sciences & Biotech🞎 Material Sciences🞎 Mathematics🞎 Physics🞎 Social Sciences |

**Institution type (please choose)**

🞎 Private Research Institute

🞎 Public Research Institute

🞎 Private University

🞎 Public University

🞎 SME

🞎 Other Industrial and/or profit Private organization

|  |  |
| --- | --- |
| **Please specify Country** |  |

Period of Access

|  |  |
| --- | --- |
| Starting Date | dd/mm/yyyy |
| End Date  | dd/mm/yyyy |

If you do not have eduroam, would you like to have access to CNR-IOM’s Wifi?

🞎 YES

🞎 NO

### **Before accessing CNR-IOM premises**

Please be informed that in order to access CNR-IOM premises, it is **MANDATORY** for all users to provide a declaration by their employer administration attesting that all employees are covered by a full Civil Liability and working accident insurance policy.

This declaration must clearly state legal name of insurance company, number and expiry date of both insurance policies.

In case a user is not covered by any insurance, s/he must open an insurance policy.

Users are recommended to have a health insurance policy, whether private or issued by a Health organization/institution in their country of origin.

Below listed documents are to be returned A.S.A.P. and in no case later than 14 days prior to the starting date of the access session via email to **useroffice\_cnr@nffa.eu**:

1. Insurance coverage declaration by employer administration
2. User personal data sheet
3. PDF copy of a valid identification document

BEWARE: You should by now have already sent your *User agreement declaration* to tlnet@nffa.eu. If not, please provide immediately.

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Useful contact

**NFFA-Europe useroffice@ CNR-IOM**

Email: useroffice\_cnr@nffa.eu