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Luogo e data di nascita\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Anno iscrizione Registro APID\_\_\_\_\_\_\_\_N. iscriz.\_\_\_\_\_\_

Residenza\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breve curriculum (max 15 righe, indicante: titoli di studio e specializzazioni, ambito di lavoro e significative esperienze lavorative in DMT, partecipazione attiva e apporto alla vita associativa, esperienze didattiche, di supervisione e di ricerca, principali pubblicazioni)

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Programma che si intende portare avanti con l’indicazione degli obiettivi, e le proprie motivazioni ad impegnarsi nell’APID.

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Recapito telefonico del/la candidato/a

E-mail: