**TO THE DIRECTOR OF THE INSTITUTE OF NEUROSCIENCES OF THE UNIVERSITY OF BARCELONA (UBNEURO)**

|  |
| --- |
| **Annex1: APPLICATION FORM** |

|  |
| --- |
| **APPLICANT INFORMATION**  |
| **Name of the scientific platform:****Name and surname of the Principal Investigator (contact person):****DNI/NIE:****Email:** |

|  |
| --- |
| **TYPE OF CONTRACT REQUESTED** |
| **□ Personal tècnic de suport a la recerca (Grup I)****□ Personal tècnic de suport a la recerca (Grup II)****□ Personal tècnic de suport a la recerca (Grup III)****If grup I or II is requested explain the reason:** |

**REQUESTS:** Participate in the **Convocatòria de places** **per personal tècnic de suport a plataformes científiques i tecnològiques 2023** (Call for positions for technical support staff for scientific and technological platforms 2023) convened by the Institute of Neurosciences of the University of Barcelona by resolution dated January 19th, 2023, expressly subject to the rules of the call

|  |
| --- |
| Principal Investigators supporting the application (minimum 5; one Principal investigator can support only one expression of interest)1. Name and surname (contact person):

Name of the Research group:Name of the Area: Pathophysiology of nervous system disease/ Experimental neurology/Mental health/Cognitive and behavioural neuroscience(Signature)1. Name and surname:

Name of the Research group:Name of the Area: Pathophysiology of nervous system disease/ Experimental neurology/Mental health/Cognitive and behavioural neuroscience(Signature)1. Name and surname:

Name of the Research group:Name of the Area: Pathophysiology of nervous system disease/ Experimental neurology/Mental health/Cognitive and behavioural neuroscience (Signature)1. Name and surname:

Name of the Research group:Name of the Area: Pathophysiology of nervous system disease/ Experimental neurology/Mental health/Cognitive and behavioural Neuroscience(Signature)1. Name and surname:

Name of the Research group:Name of the Area: Pathophysiology of nervous system disease/ Experimental neurology/Mental health/Cognitive and behavioural neuroscience(Signature)*Copy and paste as many as you need* |

Barcelona, ......, January/February/ 2023

**TO THE DIRECTOR OF THE INSTITUTE OF NEUROSCIENCES OF THE UNIVERSITY OF BARCELONA (UBNEURO)**

**Annex 2: REPORT**

**Name of the scientific platform:**

**A) Activities to be developed by the technician, and justification for the need of the technician (maximum 2 pages).**

**B) Research and knowledge Transfer projects from the different PI(s) that are active at the moment of submitting the application:**

**Title:**

**Reference:**

**Name of the call and funding body:**

**Duration:**

**IP(s):**

**Budget:**

*Copy and paste as many as you need*

**C) 10 highlighted publications from the different PI(s) that have been published in the last 4 years, in which the affiliation of the Institute of Neurosciences should appear. Please indicate DOI in all of them.**